THE

MEDICAL EXAMINER.

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NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editors, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 16th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

American Journal of Medical Science, Oct.
The Medical News and Library, ditto.
New Jersey Medical Reporter, ditto.
New York Medical Times, ditto.
New York Medical Gazette, ditto.
American Medical Monthly, ditto.
Nelson's American Lancet, ditto.
Boston Medical and Surgical Journal, weekly.
Buffalo Medical Journal, Oct.
Virginia Medical and Surgical Journal, No. XVII.
Virginia Stethoscope, Oct.
New Hampshire Journal of Medicine, ditto.
Upper Canada Journal, ditto.
Montreal Medical Chronicle, ditto.
Peninsular Journal of Medicine, ditto.
Western Journal of Medicine and Surgery, ditto.
St. Louis Medical and Surgical Journal, Sept.
Nashville Journal of Medicine and Surgery, Oct.
Iowa Medical Journal, ditto.
Southern Medical and Surgical Journal, ditto.
American Journal of Pharmacy, Nov.
New York Journal of Pharmacy, Sept. and Oct.
American Journal of Insanity, Oct.
Dental News Letter, ditto.
Dental Register of the West, ditto.
Dublin Quarterly Journal, August.
London Lancet (weekly.)
London Medical Times and Gazette (weekly.)
Dublin Medical Press (weekly.)
London Pharmaceutical Journal, Sept.
The (London) Chemist, Aug. and Sept.
El Porvenir Medico, ditto.
Gazette Medicale, Sept.
Revue Medico-Chirurgicale, Aug..

BOOKS AND PAMPHLETS RECEIVED.

Drake on the Principal Diseases, &c.
Meigs on Puerperal Fever.
Carpenter's Principles of Comparative Physiology.
Hooker's Physiology.
Wright's Prize Essay on Difficult Labors and their Treatment.
Semi-Annual Address to Alumni Association. By J. A. Meigs, M.D.
Proceedings of the American Pharmaceutical Association.

The foreign correspondents of the Examiner will please direct their Exchanges, Books for review, and other communications, to the care of Trubner & Co., No. 12 Paternoster Row, London, or Mr. H. Bosange, 21 Bis, Quai Voltaire, Paris.

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THE

MEDICAL EXAMINER.

NEW SERIES.—NO. CXIX.—NOVEMBER, 1854.

ORIGINAL COMMUNICATIONS.

Death from an acute attack of Gout. By CASPAR MORRIS, M. D., Consulting Physician to the Philadelphia Hospital.

Death from an acute attack of gout is, I believe, a rare event; at least, such is the result to which an experience of thirty years, during which I have certainly seen many severe cases, both of the regular and irregular forms of the disease, has brought me. The case I am about to narrate, is the only one which has ever terminated fatally under my observation; organic disease of the heart or kidneys, giving rise to effusion in the cavities, being the more common mode in which gout produces death.

The patient was a gentleman of about fifty-five years of age, who had inherited the gouty diathesis; and in the early years of manhood had lived freely, but during the last twenty years had never or very rarely tasted wine, malt liquors or any other alcoholic drink. His business was one which gave him moderate exercise, but subjected him to great anxiety. His habits of life were regular, and he ate largely of animal food. Twice in each year, he suffered from severe podagra, generally affecting both feet, but yielding to the use of colchicum and free purgation. About three years before his death, he had a violent attack of

gout in the bowels, evidenced by the most agonizing pain, obstinate constipation and great vascular excitement, with heat of skin and coated tongue; blood-letting largely practised, and opium, afforded entire relief.

In the month of August, 18—, he went to his counting-house in usual health; but as he sat reading the newspaper, his son observed him thrusting the paper strongly to one side, while his head was obstinately deflected in the opposite direction, and on speaking to him found his intellect dull, and his tongue not under control; there was no further evidence of paralysis. I found his pulse nearly normal; and a few ounces of blood drawn by cups from the nape of the neck, followed by a brisk mercurial cathartic, sufficed to restore the regular balance of his system. About four weeks after this, I removed a large steatomatous tumor from the scalp. The entire wound, which was quite extensive, healed strictly by the first intention; there was not the slightest suppuration. I mention these facts merely to exhibit the state of his system.

On the morning of the 20th of September, I was called to see him at an early hour. He had passed a restless night and been chilly, and had voided an inordinate quantity of urine, filling entirely one vessel of the largest size, and nearly another; I should think the quantity was not less than three or four quarts. I found him with a very hot and dry skin, a vigorous pulse, tongue covered with the dense, white coat, which I have commonly found in gouty patients, respiration natural, and head aching severely. Influenza was prevailing at the time in the city.

I prescribed for him an active cathartic of calomel, followed by castor oil. At my evening visit, I found that though the purgative had acted freely, the febrile condition was exasperated. The pulse was very tense and full, like that produced by a hypertrophied heart, the head-ache was greater, the tongue more densely loaded, and he had a sense of gastric oppression, with much uneasiness in the throat. There was no evidence of disease in the mucous membrane; it was rather dysphagia. I directed the loss of twelve ounces of blood from the arm, a mustard pediluvium, and a dose of Dover's powders. At my visit next morning, I found he had slept and perspired freely under the influence of the diaphoretic and anodyne; but the sensation of

distress in the throat had increased, and there was difficulty of respiration of a very peculiar character. There was no stitch in the side, nor acute pain, nor soreness as in pleurisy or pleuro-pneumonia; but every attempt at inspiration was met by a strong expiratory action, as though caused by a spasm of the diaphragm. It was now that the idea of gout presented itself, and in order to meet this view of the case, I administered wine of colchicum in free doses, frequently repeated; and directed twelve ounces of blood to be drawn by cupping glasses applied between the scapulæ. That drawn from the arm on the previous day, was found to have coagulated very firmly, having a concave surface with a dense fibrinous coat upon it. Warm cataplasms were applied to the throat. In the course of the day, there was some settled pain in the right side, and his pulse being still firm and active, ten ounces more of blood were taken from the arm, by which the force of the pulse was very decidedly reduced. A blistering plaster was now applied over the seat of pain, and pills of mass hydrarg. and Dover's powder were added to the treatment. A violent spasmodic cough, accompanied by a very sharp pain in the left side, induced me to apply cupping glasses over the seat of pain, without drawing any blood, and when they had produced all the irritation possible, a blistering plaster was placed over the spot. This drew well, and the night was passed with tolerable comfort under the influence of the Dover's powder.

A dose of calcined magnesia was given in the morning, which operated freely, and as the pulse had lost its frequency and tension, and the pain was removed, chicken broth was given for nourishment, and the colchicum and mass hydrarg. were withheld. The skin continued moist during the day, and the respiration easy. Dover's powder was given at night in order to secure rest, which was accomplished, and the morning found him apparently convalescent. At mid-day I found he had been much exhausted by two very copious alvine discharges, and in order to prevent a recurrence of them, I gave two drachms of paregoric. In about two hours after taking this, he was seized with a violent fit of spasmodic cough, which lasted half an hour; and on my visit in the evening, I found his respiration very hurried, and a recurrence of the pain in the side, while his bowels were distended with gas. Warm cataplasms, a stimulating foot bath, and the

Dover's powders, and blue mass were resorted to promptly, but without affording any relief. The respiration became more and more hurried and difficult, the pulse very feeble, and the skin cool. Percussion proved that there was neither condensation of the lung, nor effusion into the pleural sac, to cause the distress, which amounted to orthopnœa; neither was there any friction sound. Fully satisfied of the correctness of the view I had taken of the case, and that it was one of gout affecting the diaphragm, I again resorted to mustard pediluvia and cataplasms, and gave hot wine whey and carbonate of ammonia, in large and frequently repeated doses. Though the pulse became very feeble, his general muscular force appeared unabated, so that he persisted in rising to the chair to effect the discharge of bowels and bladder, and turned and raised himself in the bed freely without aid. Dr. Pepper now saw him with me, taking a similar view of the case. The use of colchicum was resumed and morphia given, and as his stomach gave way, and he had a sense of nausea, Tinct. Opii 60 drops was given by injection into the rectum, but without affording any relief. At my next visit, which was within two hours, I found the belly tympanitic, and the restlessness and difficulty of breathing much augmented, while the pain had fixed itself in the right crus of the diaphragm. Mustard cataplasms were freely applied, and an attempt to solicit the discharge of the flatus, was made by the administration of a large enema of spirits of turpentine in an infusion of assafœtida. A tube was also passed into the bowel, in the hope that by relieving the spasmodic contraction of the sphincter ani, the bowels would expel their contents. The muscular coat of the intestines had lost its power of contraction. He even rose and sat upon the stool, but without succeeding in evacuating the bowels. We therefore placed him on the free use of calomel and opium, and directed the application of camphorated chloroform on flannels, covered with oiled silk, to the seat of pain. At our visit in the morning, we found that he had slept a few minutes at a time frequently during the night, but was quite wakeful and conscious at the time of our visit, though he had taken five grains of opium during the twelve hours. There was no abatement of the pain; the orthopnœa was so great that he could not lie down a moment. The respiration was exceedingly hurried, accompanied by con-

stant moans. He had singultus with the ejection from the stomach of large quantities of matter, looking like the black vomit of yellow fever, which coated his tongue and dried upon the surface; his pulse was exceedingly feeble, and in a few hours he expired.

The autopsy showed the stomach and bowels loaded with matter like that ejected from the mouth, and distended by gas, but no trace of any organic lesion. The mucous coat of the stomach was healthy, as were also the heart, lungs and pleura, liver and kidneys.

A specimen of the matter ejected from the stomach was subjected to the microscope by Professor Liedy, who reports, "I saw no blood corpurcles. It consisted of liquid, brownish granules, oil globules, phytoid filaments, probably derived from the mouth and fauces, vibrios, a few starch granules, recalling the sarcina, but most probably fragments of vegetable food."

A case of Penetrating Incised Wound of the Abdomen and Small Intestine, resulting in death from internal strangulation. By EDWARD HARTSHORNE, M. D.

The following report has been drawn up from notes taken by the writer nearly twelve years ago, while serving in the Pennsylvania Hospital as house surgeon, under the superintendence of the late Dr. Randolph, who was then on duty as attending surgeon. It was thought to possess sufficient interest as an instance of peculiar homicidal injury, as well as uncommon termination of abdominal wound, to warrant its publication, even at this long interval, and notwithstanding the lack of clinical details to which we are condemned by the unfortunate meagreness of the only data now to be obtained.

Wm. Thomas, mulatto, aged 25, of rather slight frame but excellent previous health and temperate habits, was wounded in the abdomen with a sharp instrument, on the evening of the 13th of November, 1842.

He was brought to the Pennsylvania Hospital where he was seen by the resident physician within forty-five minutes after the reception of the wound.

When first examined in the ward he was lying on his back

with his limbs extended, appeared to be entirely free from excitement, and exhibited no evidence of prostration or of any uneasiness, except some degree of pain and soreness in the injured part.

According to his own statement he chased his antagonist at least twenty paces, and struck him with a stick two or three times after the infliction of the injury; he then ran some two hundred yards to an apothecary shop, where he first discovered the protrusion of his bowel. From this shop he was immediately conveyed, in a cab, some four or five hundred yards, to the Hospital. The only sensation perceived at the moment when the knife entered his body, was that of slight nausea. The man had eaten an ordinary supper and taken a glass of beer some three hours previous to the occurrence.

Uncovering the patient brought into view, resting in front of the abdomen and protruding from a wound in its parietes, a pulsating mass, which consisted of two loops of small intestine with their adjoining mesentery. The upper of these loops was about eight, and the lower about twelve inches long; they were much darkened in color from venous engorgement, but clean, moist and glistening, and appeared to be half filled with semi-fluid matter. The lacteals in the mesentery were distended with a white fluid, and resembled in size, shape, color and abrupt termination, so many pieces of pack-thread.

The wound proved to be incised, an inch in length, and extending almost longitudinally downwards from about two inches and a half below and an inch to the left of the umbilicus, penetrating the rectus muscle in the direction of its fibres. Besides this, however, there existed on the outer surface of the most dependent portion of the lower loop, a transverse opening into its canal, at least eight lines in length, giving exit on pressure to alimentary matter mixed with blood, and presenting the clean edges, and characteristic everted mucous margins, of a penetrating incised wound of the intestines.

Notwithstanding the relaxation of the abdominal muscles by flexion of the thighs and elevation of the shoulders, the neck of the hernial tumor was so firmly constricted by the external wound, that safe reduction seemed impracticable without enlargement of the aperture. The incision in the abdominal wall was

accordingly prolonged half an inch upwards, by means of a strait bistoury cutting from within outwards, and carefully guarded with a silver director, so as not to touch the peritoneum or other encroaching membranes. The stricture having been thus removed, the whole protruding bowel, except about two inches of its length, which included the wounded part, was gradually reduced. The intestinal wound, which, on account of its transverse direction and the protrusion of mucous lining, gave us little apprehension of extravasation, was now secured according to the plan of Jobert. This was effected with two sutures of fine waxed silk ligature, drawn through all the coats of the canal in such a manner as to bring into contact the outer surface of the peritoneal coat, along the whole length of the transverse opening, by turning in its edges like an ordinary seam. The ends of the ligatures were next cut off, and the wounded portion at once returned into the cavity. The closure of the external wound then remained to complete the dressing. Here, on account of the impossibility, in so small an opening, of suppressing the abdominal contents, which were constantly bulging up, it was out of the question, even if otherwise desirable, to pass a suture needle through the muscular parietes without incurring great risk of puncturing the intestine. The margins of integument alone, therefore, were approximated with three sutures and as many adhesive strips. A compress of lint was lastly applied over the wound and confined with a circular bandage, so as to prevent hernial protrusion, and enable the longitudinal muscular fibres to approach and unite with each other, if possible, by the first intention.

An opiate of sixty drops of laudanum was given to the patient before the dressing; and although the handling of the exposed parts, unavoidable in their replacement, appeared to occasion a good deal of pain, yet the operation was followed by immediate relief.

Not more than eight ounces of blood had been lost externally, and the only symptom apparent when the man was left for the night, was some degree of soreness of the wound on pressure.

On the following day, November 14th, he presented the following condition. Pulse 96, pretty full and strong, with some head-ache, heat of skin and furred tongue; had slept but little through the night. Very slight meteorism with soreness on pres-

sure around the wound. Bladder has been evacuated in bed without difficulty. No stool. He was bled twenty-four ounces, and directed to take Ant. et Pot. Tart. gr. 1-12th, in Mixt. Neutral. f.℥ss. q. h., and Cal. gr. ss., P. Opii gr. j., q. h. t., during the day. Barley water diet. The bleeding removed the head-ache, and reduced his pulse in force and frequency. In the evening, the fever and pain were gone ; meteorism no greater, and soreness around the wound unchanged. Omit the diaphoretic mixture and suspend the cal. and op.

November 15th, A. M.—Patient has slept well throughout the night, and is in good spirits. Pulse 84, soft, skin cool, expression of face good, tongue moist and slightly furred. Tympanitis somewhat increased, with slight pain on pressure over abdomen. He began to complain of violent pain in his bowels about noon of this day, at the same time that the tympanitis and tenderness were very much increased. The bandage was loosened, and Morph. Sulph. gr. ss. immediately administered ; eight ounces of blood were taken from his arm, until he nearly fainted. The calomel and opium were directed to be given every two hours. Under the influence of the opiates and venesection, the pain moderated. In the evening, the tympanitis was found to be undiminished, and produced great discomfort, particularly in the upper half of the abdomen, which was much more distended than the lower. The pain, also, had again become violent. Ordered Cal. gr. iij. P. Opii. gr. ij. at once, the pills of cal. and op. to be resumed in two hours, and repeated every hour until patient is relieved or decidedly narcotised. Enemata of Ol. Terebinth. in castile soap suds were administered three times in the course of the night, and afforded relief by the expulsion of large amounts of flatus. A single ten grain dose of assafœtida was exhibited in the hope of its relieving the stomach and upper intestines, but it only created nausea and vomiting with hiccough and eructation.

Wednesday 16th, A. M.—Tympanitis still increasing, and now produces very great oppression. Tenderness on pressure, also, aggravated, especially just above the wound ; although the latter looks remarkably well, and presents no evidence of protrusion. Countenance becoming anxious ; nausea, hiccough and vomiting more frequent, and pulse more decidedly depressed ; leeches, warm fomentations and anodyne enemata were successively employed to no material purpose.

Stercoraceous vomiting made its appearance on the fifth day, and the distension, pain, singultus and other symptoms of internal strangulation continued to increase in violence, until the patient finally succumbed on the morning of December 20th, six days and six hours after the reception of the wound.

Autopsy eleven hours after death. The external aspect presented nothing worthy of especial note except the very great distension of the upper two-thirds of the abdominal region. The wound in the integuments had cicatrized completely without any hernial protrusion.

In order to expose the abdominal contents as nearly as possible in situ and without disturbing the relations of the wounded and otherwise altered parts, an oval incision was made through the parietes of this cavity along its costal margin above, down each side and along the pelvic margin below. The portion of abdominal wall thus detached was next carefully turned over at its circumference so as to enable us to look beneath. We then ascertained the cause of strangulation to be an accidental overlapping of a knuckle of one of the hernial loops of small intestine over another portion of the same loop, the overlapping portion being closely bound down upon the other by bands of adhesive membrane, through which it had become attached to the parietal peritoneum in front.

The constriction thus produced was at least half an inch in length, and amounted to a complete occlusion of the alimentary canal. The small intestine was excessively distended as well as externally injected, and at the same time partially adherent in three or four transverse folds, some two-thirds of its length down to the seat of stricture. No distension present below this point. Inflammatory action nowhere very strongly marked, although more so than elsewhere across the whole cavity from two to three inches above the umbilicus down to within about three inches of the pubis. The folds of small intestine and the omentum occupying this region were slightly adherent together and to the peritoneum, and were studded with small patches of false membrane, which appeared to be more numerous and firm on the left side and about the wound, but by no means in such excess as to denote a fatal amount of peritonitis. The wounded part of the bowel was found entirely closed and firmly

attached to the peritoneum about three inches above and one inch to the left of the external wound. No effusion of alimentary contents had taken place, nor had any undue inflammation been excited immediately around this spot. Upon separating the newly formed adhesions we discovered the sutures fastened to the inner surface of the peritoneum, and within the intestinal canal, into which they appeared to have just finished working their way. The wound in the rectus muscle appeared to have united, although some extravasated blood yet remained unabsorbed. No effusion of serum, and no separate flakes of lymph or traces of pus could be detected. Abdominal peritoneum slightly mapped with fine arborescent injections, but not thickened or roughened except in the parts adjoining the folds and points of adherent bowel already described. Elsewhere the evidence of inflammation was unimportant. Other organs of the body in each of the cavities were examined in detail and found to be in perfect health.

The case presented in the foregoing sketch is interesting in many respects, but chiefly so on account of its termination in fatal incarceration or internal strangulation. This accident seems to be of rare occurrence, judging from the small number of analogous facts on record. It is certainly one of great importance in many of its relations, especially where the primary lesion is, as in the present instance, the result of criminal violence. The man who inflicted the original injury of which our patient was apparently the victim, was subsequently tried for his life upon the charge, and was very glad to escape with a long imprisonment for murder in the second degree. The medico-legal aspects of the case, together with some other considerations suggested by it, will form the subject of another communication, in which the writer hopes to present a resumé of a number of the published cases of similar character. He regrets that since the inquiry was suggested by the re-perusal of the notes upon which his own report is based, he has not yet found time to complete the extended references required for such a purpose.

Mortality of Philadelphia, for July, August and September, 1854; collated from the Health Office record. By WILSON JEWELL, M.D.

By reference to the accompanying tables, which have been carefully arranged, it will be noticed that the deaths for the quarter ending Sept. 30th, including a period of thirteen weeks, or 91 days, have reached the unusual number of 4,531. This amount will average 49⅔ deaths daily, or, to the population, as ten in every thousand.*

This inordinate increase of deaths, over those for the preceding quarters of the year, almost equal to the two combined, will, upon reflection, be ascribed to its true causes. First, the fact that the record embraces now, as far as they can be secured, the returns from the whole county. Second, the prevalence of Asiatic Cholera during the quarter, from which alone there have been registered 521 deaths.

It will be observed also, that the deaths from Cholera Infantum have contributed a large share towards making up the table. From this disease alone, 621 deaths have been returned, more than twice the number of those for the like quarter of last year.

It would not, however, be proper to charge the deaths from these two diseases upon the additional territory now included within the bounds of the consolidated City, because they are peculiar to densely populated places, and whereas the additions made to our city, embrace principally rural districts. Hence the inference, that the large numerical increase to the register by Cholera Asphyxia and Cholera Infantum at least, has been the result of a sickly season, rather than from the enlargement of the city limits.

By comparison, the increase of deaths over the same quarter for '53 is equal to 34 per cent.

The deaths from authenticated diseases alone number 3,875, while 656 are set down to natural, adventitious and unknown causes.

* This calculation is based upon the population of the consolidated City, which is set down at 450,000.

Infantile mortality for the quarter, occupies, as usual, a very large proportion of the record. Exclusive of Still-born, amounting to 132, there were 1,053 deaths under one year of age. Under five 2,221, nearly one-half the total for the quarter.

The excess of deaths in the male sex is equal to 15 per cent. That of male still-born children 12 per cent.

Class 1st. "Endemic and Epidemic" diseases. This division represents 43 per cent. of all the deaths for the quarter; a much higher proportion than has been observed since 1849. Nearly doubling those, in the like class, for the same quarter of the past year, to wit: In 1853 they amounted to 999; this year to 1,962.

Cholera Infantum exhibits a large increase over last year. In 1853, third quarter, there were 308 deaths; this year, 621.

Cholera Asphyxia contributes 521 to swell the record for the quarter, equal to 14 per cent. of all the deaths that have been registered. Last year this disease was scarcely known.

Dysentery has been very prevalent, the deaths numbering 319; so likewise Diarrhœa, from which there were 152 deaths.

Ten hundred and thirty-five of all the deaths in this class were under five years. Showing a frightful proportion of infantile mortality, induced by the prevalence of Cholera Infantum, Dysentery, Diarrhœa and Hooping Cough.

Class 2d. From "Sporadic" or "uncertain" diseases there were 539 deaths, an increase of 139 over those of the third quarter, 1853. Of the deaths recorded in this variety, more than two-thirds were under five years of age. Within this early period of life, Marasmus is credited with 221. We have no doubt, however, that many of these cases, if properly assigned, would have been placed to the account of Cholera Infantum.

Debility, under this classification, furnishes 180 deaths, more than half of which were within the fifth year of life. This indefinite term, like some others to be found in our mortuary tables, in many instances a mere symptom or the product of disease, should be applied but seldom.

Class 3d. "Nervous System." Here also we mark a considerable increase of deaths over those for a like period in 1853, when there were recorded only 509. Now they are augmented to 781, an increase of 35 per cent.

Of this class, Convulsions in Children make up 227, or nearly 30 per cent. of the whole.

Those diseases of the Brain, marked Congestion, Dropsy and Inflammation, have been more than usually prevalent, sweeping off 319, mostly children—or about 40 per cent. of all the deaths enumerated in this class of diseases.

Class 4th. The deaths from the diseases of the "Organs of Respiration" present an increase of 80 over those of the third quarter of last year.

The principal disease recorded is Consumption of the Lungs, which carried off in three months 340 individuals, or 17 per cent. more than for the same period of 1853, and 25 per cent. over those of 1852.

Of all the deaths for the quarter, Consumption of the Lungs constitutes about 8 per cent.

From the fifth to the tenth distinctive classes, the increase of deaths as compared with those for the like period of '53, is in the aggregate so small, as scarcely to deserve our attention, unless to observe the uniformity by which several of them are characterized.

Class 11th. "Old Age" numbers 62, double those for '53, third quarter. It becomes a question, whether those who die between 60 and 70, or even within the next decade, 70 and 80, are entitled to the reverential appellation—old age.

Forty-one of those recorded, were over 80 years of age, and two of this number were centenarians.

Of "Still-born" children there were 132—less five, when compared with those for 1853, third quarter—while the deaths distinguished by "unknown," in all 124, are double those of the same period of last year.

This class, of "unknown" deaths, is at all times augmented by the report of the Coroner, as we have on a former occasion intimated. An indifference and a want of care on the part of many practitioners in making a diagnosis of their cases, as well as their unwillingness to sustain a correct and scientific nomenclature of diseases, is also another frequent cause. A reform here would rid our mortuary tables of many vague and unmeaning terms, and enable us to preserve a well classified, uniform, and scientific register of deaths.

TABLE NO. I.

Deaths for the second quarter of 1854 *classified.*

				Male.			Female.			
	July	Aug.	Sept	J.	A.	S.	J.	A.	S.	Total.
1 *Endemic & Contagious diseases*										
Zymotic or Epidemic	809	808	345	441	411	191	368	397	154	1962
2 *Uncertain or general seat*										
Sporadic diseases	200	208	131	109	128	65	91	80	66	539
3 Nervous system	340	282	159	204	151	88	136	131	71	781
4 Organs of Respiration	188	176	133	91	97	69	97	79	64	497
5 " Circulation	21	17	11	12	7	4	9	10	7	49
6 Digestive organs	62	70	51	25	37	28	37	33	23	183
7 Urinary "	4	2		3	1		1	1		6
8 Organs of Generation	12	7	5	1			11	7	5	24
9 " Locomotion	3	1	6	2		2	1	1	4	10
10 Integumentary system	3	1		3				1		4
11 Old age	19	30	13	6	9	2	13	21	11	62
12 External causes	49	69	40	46	51	33	3	18	7	158
Still Born	41	53	38	25	26	22	16	27	16	132
Unknown	39	47	38	17	21	22	22	26	16	124
	1790	1771	970	985	939	526	805	832	444	4531

TABLE NO. 2.

1. *Endemic and Contagious Diseases—Zymotic or Epidemic.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Cholera Asphyx.	279	242	6	6	24	19	16	16	108	106	92	66	33	19	5	4	1	521
" infantum	328	293	375	214	30	2												621
" morbus	44	52	5	2	9	11	7		10	14	12	10	12	4				96
Croup	18	10	5	10	11	2												28
Diarrhœa	85	67	56	28	13	6	5	1	7	3	7	5	10	6	4	1		152
Dysentery	170	149	47	61	42	24	8	8	25	24	16	27	20	11	6			319
Erysipelas	7	7	3	2		1		1	2	2	1	1			1			14
Fever,	4	3			1				3	1				1		1		7
" Adynamic	1								1									1
" Bilious	9	5			2	1	1		1	3	4	2						14
" " Remit.	1	1		1									1					2
" Congestive	3	3			1			1	2	1				1				6
" Continued	1	1										1	1					2
" Intermit.	2	2	1	1	1							1						4
" Malignant		2				1		1										2
" Nervous	1	1			1					1								2
" Remittent	7	6	1	1	2	1			3	3		1	1					13
" Scarlet	9			3	2	4												9
" Typhoid	26	23	1	3	2	5	3	7	13	9	1	4	1					49
" Typhus	12	12	1		1	3		3	11	3		1		1				24
" Yellow	9	3					1		8	1	1	1						12
Hooping Cough	25	26	31	12	8													51
Measles	1	6		3	3	1												7
Small Pox	1	3	1	1	1				1									4
Syphilis		2								2								2
	1043	919	533	348	154	81	41	38	195	173	134	120	79	43	16	6	1	1962

2. *Uncertain or General Seat—Sporadic Diseases.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess	3								3									3
" Lumbar	2								1	1								2
" Psoas	2	1							1	1	1							3
" Thigh		1							1									1
Aphthæ		1		1														1
Cachexia	4		1		1				1				1					4
Cancer	2	5								1	2	1	3					7
" Breast		1														1		1
Caries		1		1														1
Cyanosis	5	3	7		1													8
Debility	96	84	76	12	5		2	1	4	11	15	14	15	13	10	1	1	180
Disease of Hip	1		1															1
Dropsy	16	13	3	1	1	2	1		3	2	4	2	5	4	1			29
Enlargem't pirot. glands		1			1													1
Fungus Hematodes	2				1						1							2
Gangrene		1							1									1
Hemorrhage	3	1	2	1							1							4
Inanition	9	11	11	3	3			1	1					1				20
Inflammation	2	2		1	1		1		1									4
" Fauces		1	1															1
Malformation	4	1	5															5
Marasmus	130	91	113	73	23	4			3				5					221
Obesity	1													1				1
Schirrhus		1							1									1
Scrofula	7	3	2	1		1		2	2	1		1						10
Sore Mouth	3	1	4															4
" Throat		1							1									1
Tabes Mesenterica	9	10	8	7	3	1												19
Ulceration of Throat	1	2			3													3
	302	237	234	101	43	8	4	4	21	17	24	18	29	19	11	2	1	539

3. *Nervous Diseases.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Apoplexy	24	15					1		7	6	8	2	6	8	1			9
Brain Fever		1				1												1
Concussion of Brain	2	1			1						1	1						3
Congestion "	51	44	29	16	11	2		4	8	8	12	1	3	1				95
Convulsions	115	112	114	75	23	2	3		6	1	3							227
" Puerperal		2								2								2
Coma		2											1		1			2
Coup de Soleil	30	5							16	7	10	2						35
Dementia	1												1					1
Disease of Brain	18	11	10	6	6	1			1	1	2			1	1			29
Dropsy "	58	41	50	32	10	3		2		1			1					99
Eclampsia	1			1														1
Effusion on Brain	27	13	21	6	5	2	1		1	1		1		1	1			40
Epilepsy	4	4		1					4	2		1						8
Hysteria		1									1							1
Insanity	1	1							2									2
Inflammation of Brain	72	53	40	31	22	8	4	1	6	6	1	2	1	2	1			125
Mania	3	3							3	1			1			1		6
" a Potu	14	5							6	7	5	1						19
" Puerperal		1								1								1
Nervous Irritation		1				1												1
Neuralgia		1											1					1
Palsy	12	19		3					1	2	2	3	4	11	4	1		31
" of Brain	1					1												1
Softening of Brain	5	1	1							1	2		1	1				6
Tetanus	3		1		1					1								3
Trismus	1	1	2															2
	443	338	268	171	79	21	9	7	61	48	47	14	20	25	9	2		781

4. *Organs of Respiration.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Lungs	1											1						1
Asthma	6	2	4								1	2		1				8
Congestion of Lungs	7	6	6	1	3						2		1					13
Consumption "	159	181	14	13	5	4	9	26	96	75	49	28	17	4				340
Disease of Chest	1				1													1
" Lungs	7	7	4	2	3					2	2		1					14
Dropsy of Chest	2	6			2					3	1		1		1			8
Fever Hectic		1		1														1
Gangrene of Lungs	1											1						1
Hemorrhage of "	3	1			1				1		1	1						4
Inflamm'n of Bronchiæ	15	9	10	7	3					2		1		1				24
" Larynx	4	1	1	3	1													5
" Lungs	43	24	18	15	8	1	1	1	6	5	3	2	4	2		1		67
" Pleura	1	1		1						1								2
Perforation of Lungs		1								1								1
Tuberculosis	7			1	1			1	2		2							7
	257	240	57	44	28	5	10	28	105	89	61	36	24	8	1	1		497

5. *Organs of Circulation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Angina Pectoris	2	1			1				1		1							3
Aneurism of Aorta	2								2									2
Disease of Heart	8	18	2		1	2		2	4	5	5	1	1	3				26
Dropsy "	4	3		1		1						2	1	2				7
Enlargem't "	3	1			1				2				1					4
Inflammat'n "	1	2							2	1								3
" Veins	2				1		1											2
Malformation of Heart		1	1															1
Rupture "	1											1						1
	23	26	3	1	4	3	1	2	11	6	6	4	3	5				49

6. *Digestive Organs.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Liver	1											1						1
Cancer of Stomach	1	2										1		2				3
" Rectum		1									1							1
Cancrum Oris	3	1		2	2													4
Cirrhosis		1									1							1
Congestion of Liver	4	1	1					1		2			1					5
Colic	2	1	1						1				1					3
Consumption of Bowels	3		1	1								1						3
Disease of Liver	2	3									1		2	2				5
" Stomach		1								1								1
" Bowels	1	2	1		1						1							3
Dropsy, Abdominal	6	9	1					1	1		3	5	2		2			15
Dyspepsia	1	1										1	1					2
Hemorrhage of Bowels		1									1							1
" Stomach	2								1		1							2
Hernia, Strangulated	2	1									1			1	1			3
Inflammation of Bowels		1						1										1
" Liver	3	2	1							1	2	1						5
" Stom. & Bowels	30	33	18	7	7	1		2	4	7	4	2	7	4				63
" Peritoneum	7	7	4						5	3	1	1						14
Intussusception		1					1											1
Jaundice	3	6	1		1					2	1	1	2	1				9
Mortification of Bowels		1								1								1
Obstruction of Bowels	2	3									1	2	1	1				5
Schirrus Stomach		1												1				1
" Liver		2											1	1				2
Softening of Stomach	2	1		2								1						3
Teething	10	8	8	9	1													18
Ulceration of Stomach	1											1						1
" Intestines	2	2		1	1						1	1						4
Worms	2			1	1													2
	90	93	37	23	14	1	1	5	12	17	20	19	18	13	3			183

7. *Urinary Organs.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Albuminuria	1	2							2			1						3
Disease of Kidneys,	2												1			1		2
Inflammation of Bladder,	1													1				1
	4	2							2			1	1	1		1		6

8. *Organs of Generation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Cancer of Uterus		2								1	1							2
Child-bed,		2								2								2
Disease of Uterus		1											1					1
" Ovary		1								1								1
Hemorrhage of Uterus		6							3	2	1							6
Inflammation of "		2						1		1								2
Menorrhagia		1										1						1
Onanism	1							1										1
Phlegmasia dolens		1								1								1
Puerperal Fever		6							4	2								6
Ovarian Tumour		1								1								1
	1	23						2	7	11	2	1	1					24

9. *Organs of Locomotion.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Disease of Spine	2		1	1														2
Rheumatism	1	5								3		1		2				6
Spinal Irritation		1	1															1
Spina Bifida	1		1															1
	4	6	3	1						3		1		2				10

10. *Integumentary System.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Purpura Hemorrhagica		1	1															1
Scorbutis	3									1	1		1					3
	3	1	1							1	1		1					4

11. *Old Age.*

Old Age	17	45											8	13	29	10	2	62

12. *External Causes.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Burns	7	2	1	1	1	1			2	2	1							9
Casualties	32	10	2			2	2	1	8	16	6	4		1				42
Drowned	53	2			2	13	9	7	5	5	8	3	3					55
Fracture	1										1							1
" of Arm	2					1				1								2
" Skull	2							1		1								2
" Leg	2								1			1						2
Intemperance	20	12							4	14	8	3	1	2				32
Poison	3	2	1		1			2			1							5
Suffocation	5		1								4							5
Suicide	3								1	1		1						3
	130	28	5	1	4	17	11	11	21	40	29	12	4	3				158
Still Born	73	59	132															132
Unknown	60	64	44	9	11	4	2	2	12	12	16	8	2	2				124

TABLE NO. 3.

Deaths for the Third Quarter of 1854, *at fifteen distinct periods of life.*

Under 1 year,	1185
1 to 2	699
2 to 5	337
5 to 10	140
10 to 15	79
15 to 20	99
20 to 30	450
30 to 40	417
40 to 50	340
50 to 60	234
60 to 70	190
70 to 80	134
80 to 90	69
90 to 100	22
100 to 110	4
	4399
Still Born	132
Total,	4531

Included within the above table, were 393 from the Blockley Alms House; 242 Blacks, and 25 from the country, as follows:

	July.	August.	September.	Total.
Almshouse,	180	138	75	393
Blacks,	90	92	60	242
Country,	13	10	2	25
Total,				660

A brief report from the Clinics of Berlin. Clinic of Dr. Graefe.

(Translated for the Examiner by Dr. Theo. C. Hilgard.)

Wednesday, Nov. 16*th*, 1853. *Operation.*

Two cases of Extraction of Cataract.—In common senile cataract, Graefe considers extraction the most superior method of operation; according to his views, dislocation is indicated only in exceptional cases, and he gives as a reason, extensive statistical experiences on the results of operations. The danger incurred by reclination consists chiefly in those protracted internal inflammations, which, caused by the irritation produced on the internal membranes by the reclined lens, so frequently impair or destroy altogether the eye-sight previously obtained. A reclined lens acts in the same manner as a foreign body in a higher or lesser degree; is not within the reach of the operator, but governed by uncontrollable contingencies. Thus after the most successful operations with the needle, we frequently see melancholy results. Nor are many authors less mistaken in the time required for the absorption of reclined lenses; though this is extremely variable, it has been determined that a semi-indurated lens is never absorbed in less than nine months; in many cases years are required, and that in many others it does not take place at all, the alienated lens being retained within the eye, enclosed in an exudation. In contra-distinction to this in extraction of the lens, the ingression takes place but once, and is directly dependent on the operation. Its results are free from subsequent and insidious diseases, and are more under the control of the operator. On the other hand, the technical part thereof is much more difficult, and requires a profound and minute study. Dr. Graefe prefers the *upward* corneal section, on account of the better position of the lobe and the homogenous compressive dressing that nature supplies in the upper eyelid; various other advantages cited of this method, are either contained in the above or do not altogether hold good. The latter applies, *e. g.*, to the argument, that scars of the cornea would be less inconvenient in the upper than in the lower part; but if any scar at all is left, it must be caused by a prolapse of the iris, combined

with a distortion of the pupil; the latter being *cæteris paribus* more inconvenient if it be an upward dislocation of the pupil, than if it be the reverse. If suppuration in the wound once ensues with an upward cut, it is more destructive by the subsidence of matter into the anterior chamber, which also renders it more difficult to save the eye for a coremorphose.* The two latter circumstances, then, would rather argue in favor of extraction downwards. Nevertheless, Graefe considers the advantages of the upper section to be decidedly greater.

Respecting the season, Graefe contradicts the prejudice so current among the public and many physicians, that summer time is best adapted to the operations for cataract; as the number of inflammatory diseases of the eyes in our climate, (Prussia,) is far more considerable in summer, so is the tendency to inflammation after operations. The hot months (July and August,) are to be avoided, and June, also. The first months of spring are more favorable, but present no advantages above autumn and winter, excepting that the patient may leave his room a few days earlier. The cases were then operated on.

Saturday, Dec. 10th, 1853.—After presenting the current clinical cases, Dr. Graefe proceeded to speak of the treatment of conjunctival granulations. In those slight elevations, occasioned in chronic catarrhs by erection of the normal vascular loops, and an accumulation of blastema around them, nitrate of silver forms the chief remedy. Generally speaking, the application of strong solutions, more rarely repeated, is preferable to the frequent application of weak ones. The lids are turned over, and a solution of gr. x. to unc. i. is energetically applied to the conjunctival surface. After a few seconds' action the solution is washed away with water, and the lids are replaced. If there be a strong mucous excretion, it is preferable not to wash away the application, but to leave it on the lid to produce a more energetic action. In cases of much secretion, also, the conjunctiva is less irritated by this agent, and the pain is less. If *blepharitis marginalis* and *angularis*, which so frequently accompany chronic conjunctivitis, be co-existent, the solution is also brushed over the excoriated cutaneous parts. After the

* Operation for artificial pupil.

application, cooling the eyes with cold water may be recommended in general, as long as the presence of pain makes it pleasant to the patient. The interval of repetition is very different in different cases; namely, after the pain caused by cauterization has subsided, a remission of the subjective, as well as objective, morbid phenomena is observable; whilst a relapse of the disease will supervene after a certain duration of the remission. This period must, however, not be waited for, if a prompt curative effect be desired, but the caustic solution must be reapplied during the time of remission; and, therefore, no absolute scheme of treatment can be given. In some cases, the remedy must be applied twice a day; whilst in others, a repetition, even after two days, has still a super-irritative action. To a total disregard or imperfect valuation of this fact it is owing, that some practitioners will have nothing at all to do with this mode of treatment, which Graefe, however, has tested by comparison in several hundred cases, where both eyes being equally affected, different curative trials were instituted on each eye, from which he has drawn the conviction that although not in all, yet in a decided majority of cases, the treatment above stated yields the quickest cures. In cases of little secretion and great irritability of the eyes, five grains are used for the solution, instead of ten. Only if the reddening of the mucous membrane, caused by the solution of nitrate of silver, exceeds the usual limits, Graefe uses solution of acetate of lead, on an average of one scruple to an ounce.

An acute and vivid injection of the conjunctiva of the globe of the eye by no means contraindicates the above mentioned treatment; only the diagnosis must be such as not to permit of doubt, that it actually is the conjunc. that forms the focus of the inflammation; and that it does not, as so frequently is the case, appear so, from being symptomatic of some morbid affection of other parts of eye. On the contrary, the energetic application of nitrate of silver forms in most cases of acute conjunctivitis, an abortive treatment that renders the application of all other remedies superfluous, and timely encounters the development of chronic and obstinate diseases of the eye. However, we only refer here to the diffuse, or so-called catarrhal conjunctivitis, whilst other forms, and in particular phlyctænular

or pustular conjunct., does not, generally speaking, bear caustic applications; but, in general, the principle obtains that the more violent the conjunctival injection is, the stronger should be the caustic application; and we find also that a weak solution applied timidly generally increases the irritation in the acute stages, while strong ones quench all the inflammatory phenomena in a marvellously prompt manner. Not unfrequently, after twenty four hours, an eye, previously violently injected, will be found completely colorless.

These facts, however, present a perfect analogy with what occurs in inflammations of other mucous membranes, for instance of the urethra; but in no case can the action of caustics be studied so well as in the mucous membrane of the eye, whose entire surface is accessible to our view. Complications with other affections, for instance of the cornea, by no means however, absolutely exclude the said method; only it essentially depends on the exact seat, and the nature of the produced exudation, of which Graefe treats afterwards.

In the severer granulations of chronic blennorrhœa, nitrate of silver *in substance*, mixed with saltpetre, is preferable, as it permits us to localize and concentrate the effect to the parts most diseased. After the application of the caustics, one must always neutralize with salt water, which, after that, is washed out of the eye with water. If the injection and pain continue for a long time, scarifications after each cauterization, are to be employed. Graefe never applies the pure stick of nitrate of silver, as it affects the mucous membrane too much, and disposes it to scarry (cicatrized?) shrinking. Next to the nitrate of silver, a concentrated solution of *acetate of lead*, scr. ii. to unc. j., is most to be recommended, as it occasions but little pain; and therefore, is suitable for irritable eyes. The *sulphate of copper*, so extensively used now-a-days, is also a very valuable remedy. In many cases, an occasional change of remedies is to be recommended; for, indeed, the mucous membrane seems to become gradually blunted, as it were, to the beneficial action of each single means, sooner or later. We here observe, although less distinctly marked, something similar to what we observed in the mydriatic alkaloids; sulphate of daturina and sulphate of atropina, if well prepared, not only exert no irritating effect upon the normal eye, but they

also form an invaluable part of the antiphlogistic curative apparatus in more profound ophthalmia; yet, after several weeks' application, the eye becomes so irritable towards them, that, as if saturated with them, it reacts after each drop of the diluted solution by a violent conjunctivitis; a species of saturation, which even in an apparently normal state of irritability of the eye, sometimes continues through months, if not removed by other topical remedies.

In the trachomatous granulations, the same agents are to be applied. The solid nitrate of silver must, however, be used with great care, if sound parts of the mucous membrane have begun to appear. In such cases, *sulphate of copper* or a *solution of nitrate of silver* deserve preference. Very good results are also obtained by concentrated solutions of *acetate of lead*; whilst neither the touching nor the powdering of the mucous membrane with them, can by any means be praised, notwithstanding the warm recommendations of them from Belgium.—*Extracted from Deutsche Klinik, No.* 48.

BIBLIOGRAPHICAL NOTICES.

Auscultation and Percussion. By JOSEPH SKODA. *Translated from the Fourth German Edition.* By W. O. MARKHAM, M. D., Assistant Physician to St. Mary's Hospital. Philadelphia, Lindsay & Blakiston, 1854.

A Practical Treatise on the Diseases of the Lungs, Heart and Aorta, including the principles of Physical Diagnosis. By WALTER HAYLE WALSHE, M. D., Prof. of Clinical Medicine in University College, London. *Second Edition.* London, Walton & Maberly, 1854.

A Clinical Introduction to the practice of Auscultation and other modes of Physical Diagnosis in diseases of the Lungs and Heart. By H. M. HUGHES, M.D. *Second American from the Second English Edition.* Philadelphia, Blanchard & Lea, 1854

[Continued from page 608.]

The *râles* are divided by Skoda into
Vesicular râles,
Consonating râles,
Dry crepitant râle with large bubbles,
Indeterminate râles,
Râles accompanied by amphoric resonance and metallic tinkling.

Skoda's *vesicular râle* is the "râle crepitant humide" of Laennec. It includes the crepitant and subcrepitant râle of the authors of the present day, and is produced by the presence of blood, mucous, serum, etc., in the smaller bronchial tubes or in the air-cells. When very fine, or crepitating, it was considered by Laennec to be characteristic of the first stage of pneumonia. That this is not the case, has already been shown by the observations of Cruvelhier and Chomel; Skoda adds his high authority to deny its pathognomonic character, and supposes it simply to denote the presence of fluid in the air-cells.

The *consonating râles* are produced in consolidated tissue, under the same conditions which give rise to bronchial respiration and thoracic voice. They are probably the "râles cavernuleux à timbre clair" of some of the French auscultators.

The râles accompanied by amphoric echo and metallic tinkling are met with in pneumothorax and in large cavities. They may sometimes, Skoda states, be observed in cases, in which no communication exists between the pneumothorax and the bronchial tubes, and may themselves excite distinct metallic tinkling.

Under the name of *indeterminate râles* all those rhonchi are described which offer no special indications respecting the condition of the lung tissue. The same objection may, we think, be urged against the introduction of the term "indeterminate râle" as against that of "indeterminate respiration."

It will be seen from this division of the râles, that Skoda has retained a râle, which is for the most part excluded from the list of the auscultatory phenomena—Laennec's dry crepitating râle with large bubbles; whilst the cavernous râle or gurgling he entirely discards. This *dry crepitant* râle or "craquement," (not the crackling or "craquement" in the sense of Fournet) does not seem to have been distinguished since the time of Laennec; Skoda, although he does not attach much diagnostic value to it, yet testifies to its existence: he believes that it is caused by simple distension of the walls of the air cells during inspiration.

The *cavernous râle* or *gurgling* is, according to Skoda, simply a consonating râle, and as little pathognomonic of a cavity as cavernous respiration or pectoriloquy. Now, nowhere does Skoda's tendency to simplify show itself more strongly, and in no particular would his nomenclature, if introduced, prove of more service. Author after author has demonstrated, that the gurgling sound, unless it be accompanied with a metallic ringing, is not only prdouced in cavities, but frequently also in enlarged bronchi, and may even be heard over consolidated tissue. The accurate distinction between it and the mucous râle all admit to be, judging from the sound alone, impossible, yet the term "cavernous râle" or "gurgling" as pathognomonic of a cavity, is retained in almost every work on Auscultation. Laennec himself states that the only sign distinguishing the cavernous from the mucous râle is, that the bubbles of the former are louder and more abundant than those of the latter, and are heard in a circumscribed space. The number and the size of the bubbles surely depend only upon the force of the respiration, whilst no one

can deny that all râles appear louder in consolidated tissue, whether we admit or not as the cause, Skoda's theory of consonance.

The *dry râles* of Laennec, Skoda does not describe as a variety of the rhonchi, but as sonorous, whistling, and hissing sounds. The "craquement" of Fournet, the "*crackling*" of the English writers, which is clinically connected with the softening of tubercle, Skoda does not separate from the ordinary moist râles, although he strangely admits it to be a dry sound. Its mechanism, as well as the distinction between its humid variety and the subcrepitant râle, is as yet far from being satisfactorily demonstrated. Thompson, in his recently published lectures on Pulmonary Consumption, lays great stress on its existence as an evidence of tubercle previous to the commencement of the stage of softening. Barth and Roget* describe it as a sound separate from the moist râles, but admit that it may easily be confounded with them. Walshe, in his new edition, retains the crackling as a distinct sound, but offers no explanation of its mechanism, nor does he, in our opinion, dwell sufficiently on the difficulty of a differential diagnosis between the moist crackling and the subcrepitant.

Fournet's "*bruits de froissement pulmonaire*," Skoda dismisses in the following summary manner:

"Several varieties of murmurs are included under the denomination of froissement, all of which are supposed to have this character in common, that they give to the person observing them the impression that he can see the lung-tissue struggling with force and noise against some obstacle to its distension. I have never yet met with such a struggling sound, and shall abstain from offering any opinion upon it until its existence shall have been clearly demonstrated."

As the diagnosis of cardiac affections turns greatly upon a correct appreciation of the physiological actions of the heart, Skoda commences the chapter on the auscultatory phenomena of the *organs of circulation*, with a consideration of the impulse and of the sounds of the heart. The theory he adopts of the cause of the *impulse* is the one known as the recoil-theory of Gutbrod.

"It is a well-known physical law, that when a fluid escapes from a vessel, the equality of pressure produced by the fluid on the walls of the vessels is lost, for there is no pressure at the opening whence the fluid escapes: but at that part of the vessel, which is opposite to the opening,

* Traité d'Auscultation, p. 173.

the pressure is still exerted. This pressure it is which set Segner's wheel in motion, and produces the recoil of fire-arms, &c. By contraction of the ventricles, the pressure which the blood exerts upon the walls of the heart, opposite to the opening whence the stream escapes, causes a movement of the heart in a direction contrary to that of the stream of blood; and by this movement the impulse of the heart against the walls the thorax is produced." (p. 183.)

As further causes of the impulse, Skoda mentions the lengthening of the aorta and pulmonary artery during the systole, also the change of form, and the rigidity the organ assumes, during this action of its fibres. The contraction of the papillary muscles he does not believe to take any part in its production; nor does he attribute much diagnostic value to its force. A healthy heart, when excited, will produce a strong impulse, whilst an hypertrophied heart may sometimes beat so calmly as to render the impulse almost imperceptible. The beat of a healthy heart is, however, never felt over more than one or at most two intercostal spaces.

The different theories of the causes of the *sounds* of the heart are next elaborately reviewed by Skoda. He has based his own theory of their production mainly on clinical and pathological observations. The *first* sound, he writes, is produced by the impulse of the blood against the mitral and tricuspid valves, and by their sudden tension during the systole, also

"by the impulse of the heart against the walls of the thorax. A blow struck with the finger, or with the apex of the heart firmly compressed against the inner surface of the thoracic walls, produces a clinking (Klirrend) sound, which differs in no particular from the ordinary first sound of the heart. If a part of the walls of the heart be separated from the thoracic walls during the ventricular diastole, but strike against them during the systole; or even if the heart beat against some other part of the thoracic walls during its systole than that beneath which it lay during the diastole, still in either case a clinking sound or one exactly resembling the ordinary first sound of the heart will be produced, for the heart's substance becomes firm during its systole."

Yet all these causes, he admits, are not sufficient to explain satisfactorily the cause of the impulse in every instance.

The explanation of the *second* sound Skoda regards to be yet more difficult than that of the first sound. It does not, he thinks, always originate in the ventricles, since it is sometimes heard more distinctly over the base than over the apex of the heart. It is most frequently the transmitted arterial sound; occasionally

it may arise, from the impulse of the blood against the walls of the ventricle, during the recedence of the heart's point from the surface after the systole; an opinion to which Walshe strongly inclines. The second sound heard over the aorta and pulmonary artery is produced by the closing of the semilunar valves. To the reduplication of this sound Skoda assigns but little diagnostic importance, but he attaches much more value to the intensification of the second sound over the pulmonary artery. The sounds of this artery are best listened to, not at their seat of production, but to the left of the sternum between the second and third ribs. Normally the second sound heard here is more intense than the second sound at the apex of the heart, but it is of equal force with the one audible over the aorta. In affections of the mitral valve, and especially in its constriction, the pulmonary artery and veins become engorged, and the right ventricle has to drive the blood with greater force through the vessels. The pulmonary artery, thus distended, presses, during the diastole, the blood with greater force back on the valves of the heart, and an increased sound is the result. Thus an accentuated second pulmonary sound becomes, Skoda assumes, an important diagnostic sign of mitral disease, or else of hypertrophy of the right side of the heart. He even goes so far as to state, that a blowing sound at the mitral orifice, unless it coincide with a distinct second sound over the pulmonary artery, denotes simply roughening of the surface of the valve, but never insufficiency or constriction. That under these circumstances an increased distinctness of the sound frequently occurs, no one can question, but both Walshe and Stokes characterize this exclusive diagnostic sign proposed by Skoda, as "extremely hazardous."

The *endocardial murmurs* Skoda refers to the friction of the blood against the walls of the heart, which occurs either in organic change, or without any appreciable alteration of its structure. How this friction causes blowing sounds is unexplained; occasionally they may be produced by the rapid flow of a small stream of blood moving in an opposite direction.

"I would add, that murmurs may also be produced within the heart's cavities, by the rapid flow of a small stream of blood against blood that is quiescent, or moving less rapidly, or in an opposite direction to it. The fact of a murmur being created when a small stream

of any fluid, as water, blood, etc., is forced rapidly against a fluid at rest, may be demonstrated by a direct experiment." (p. 244.)

The opinion that blowing sounds originate, in some diseases, from a watery state of the blood, Skoda considers hypothetical, nor does he admit Andral's statement that they may be produced by general plethora. The timbre of these endocardial sounds, to which Hope and Gendrin attributed such importance, he regards (and Walshe agrees with him in this) of but slight value for diagnostic purposes:

"It is vain to attempt to distinguish too particularly between the different kind of murmurs; indeed it matters little, as respects any conclusions which may be deduced from our observations, whether the murmurs are of a blowing, sawing, or rasping character." (p. 246.)

If these blowing sounds be heard synchronously with the systole over the mitral and tricuspid valves they denote insufficiency; if over the aorta and pulmonary artery, constriction of the orifice; whilst a blowing sound occupying the diastole, and most intense over the aorta, is produced by insufficiency of its valves. The murmurs arising in the course of other diseases and unconnected with organic affection of the valves, are not, we think, sufficiently fully considered by Skoda.

The *pericardial* sounds are sometimes the easiest, sometimes the most difficult, to distinguish of all the sounds connected with the circulatory apparatus. These pericardial friction sounds were not known to Laennec. Their value was first pointed out by Collins: they were subsequently more accurately described by Stokes in his valuable paper on pericarditis. Bouillaud (Maladies de Cœur) speaks confidently of their easy distinction from the endocardial sounds, and describes three distinct varieties—the rustling sound, "bruit de frôtement;" the new leather sound, "bruit de cuir neuf;" and the grating sound, "bruit de raclement." Graves, Stokes, and Walshe regard them as generally readily recognizable, but admit that cases may occur in which the distinction between a pericardial and endocardial sound becomes a matter of great difficulty. Skoda states that no pericardial sound can occur which may not resemble an endocardial murmur, and denies that they are possessed of a pathognomonic, superficial and extended character.

"According to my own experience, indeed, there is no kind of endocardial murmur, with the exception of the whistling, which may not

be imitated by a friction sound of the pericardium, and no pericardial murmur which may not resemble an endocardial murmur.

"In my opinion friction-sounds of the pericardium cannot be distinguished from internal murmurs of the heart, by being more superficial, more extended and more diguised than these. A sound proceeding from a solid body, when strong and clear, appears to arise at its surface; but when of an opposite character, to come from some distant part of it. Thus, murmurs arising within the heart may appear quite superficial in consequence of their being inordinarily loud, clear, high and hissing, and may be audible over the whole region of the heart and even beyond it; on the other hand the friction sound of the pericardium may be very weak and muffled, and thus appear to arise remotely." (p. 253.)

The only sign, according to Skoda, by which a pericardial friction sound may be distinguished from an endocardial blowing sound is, that the latter corresponds pretty exactly to the rhythm and sounds of the heart, while the former, on the contrary, follows upon the movements of the heart. Stokes mentions, as reliable signs of distinction, the limitation of the pericardial sounds to the region of the heart, their increase by pressure, and their changeableness in seat and intensity. Walshe lays great stress on the last-named sign, as well as on the want of synchronism with the heart's action, and on the superficial character of the sound; on the value of pressure (first noticed by Sibson as a diagnostic mark) he has of late somewhat modified his opinion:

"I leave this clause as it stood in the first edition, although I confess I daily lose faith in the efficacy of pressure as a positive means of distinguishing intra-cardiac and pericardial murmurs. There are several reasons, it appears to me, why implicit trust cannot be placed in the effects of pressure. First, an indubitable friction-sound may be weakened by pressure, if carried beyond a certain amount; secondly, a pericardial rubbing-sound may be sometimes induced by pressure, where the pericardium is free both from exudation matter and vascularity; thirdly, a true endocardial murmur may be increased in thin persons with flexible chests by regulated pressure—possibly not endocardial murmurs of all sites and all rhythms, but certainly systolic basic murmurs. The increase in intensity seems to be sometimes merely the effect of improved conduction." (Walshe, p. 262.)

The blowing sounds heard in the *arteries* may have their origin in a disease of the heart, or in a roughening of the internal membrane of the artery, but may also arise when the coats of the latter are perfectly normal. A blowing systolic murmur, Skoda has often heard in healthy individuals, "when their

heart's action was increased, and particularly if their cervical muscles were at the same time put upon the stretch." A blowing sound, he states, is further produced when small arteries are widened, a circumstance which, according to Kiwisch, would account for the placental bruit, which this author refers to the epigastric artery. Whether these arterial murmurs be caused by friction of the blood against the walls of the arteries, or simply by the vibration of their coats, Skoda does not decide.

The *continuous murmurs* heard in the *veins*, the "bruit de diable" of Bouillaud, were at first supposed to be of arterial origin. Skoda inclined formerly to this opinion; he now admits their venous seat, although he considers the cause of their production as unsettled. They may, he states, be observed in the young and healthy; and are, therefore, not the result of spanæmia. Dr. Hughes considers them connected with pressure, either directly or indirectly applied; and dependent upon partial obstruction to the quickened flow of the blood through the jugular veins. They are always, he thinks, connected with a watery state of the blood. Walshe adduces several explanations of this phenomenon, yet admits that its real mechanism is obscure. Clinically, however, he regards the venous murmur as indicative of hydræmia; a view borne out by the researches of Andral.

> "I would sum up on this matter, clinically, by saying that a state of the blood in which the venous blood becomes slightly soniferous, is not incompatible with apparent health; but that intense, readily audible and diffused venous murmur, is characteristic of those morbid conditions of the fluid called hydræmia, anæmia and spanæmia." Walshe. p. 283.

With this extract we must conclude our notice of the works with the names of which our review was headed. The succeeding chapters, forming the second portion of Prof. Skoda's work, treat of the normal and abnormal phenomena of the thoracic and abdominal organs, discoverable by the aid of percussion and auscultation. Here we find the diagnostic applications of the general principles, discussed in the first part of the work, with an enumeration of many valuable facts, furnished by the extensive clinical experience of the distinguished author. We will not attempt to consider this portion of the work critically, but recommend every line of it most strongly to our readers as worthy of the most careful perusal. It has, indeed, in this review, been

mainly our object to discuss those views on the general principles of physical diagnosis, and on the production of sounds with which Skoda's name is everywhere associated, and to point out the differences between him and other distinguished observers. In taking leave of our author, we may be permitted to express it as our honest belief, that as a work replete with original thought and close observation, Skoda's treatise stands only next in importance to the great work of Laennec, and Dr. Markham has placed the profession under obligations, by his excellent translation of so valuable a contribution to medical literature.

An analysis of the second edition of Prof. Walshe's treatise we have attempted, merely as far as it concerned our object in view. A more minute examination of this valuable work, which, as a treatise on thoracic affections, may safely be pronounced unrivalled, we reserve for a future occasion. In this edition, new diseases, previously omitted, have been introduced; the anatomical characters of each morbid state added; and the sections on diagnosis and treatment materially extended; so that instead of a new edition, Prof. Walshe has, in reality, presented us with a new and most complete treatise on the diseases of the chest.

The second edition of Dr. Hughes little work, does not differ materially from the first. Amongst the new matter introduced, we observe a note on the cause of emphysema, and an extension of the chapter on Anæmic Murmurs. The work is written in a plain, easy style, and will, we doubt not, be a popular manual for those wishing to acquire a knowledge of the elementary principles of Percussion and Auscultation.

DaC.

Elkoplasty, or Anaplasty applied to the Treatment of Old Ulcers; also, a New Mode of Treatment for Delayed or Non-Union of a Fractured Humerus. By Frank H. Hamilton, A.M., M.D., Professor of Surgery, etc. New York, Holman, Gray & Co. 1854.

Such is the title of a pamphlet dedicated "To my Father and my Mother."

The author seriously proposes to cut out old ulcers, "although the health of the body and of the limb may be perfect," and to

transplant a piece of skin from another portion of the body, or from another person, to the bed of the ulcer.

There may, perhaps, be some surgeons at the present day who believe that there is something mysterious in these affections, and who would receive with great doubt the statement, that *all ulcers can be healed*, provided there be no constitutional taint or direct local cause. By them the announcement of a process for their cure will be hailed with delight.

We are certain, however, that their confidence in this new remedy will be diminished when they become acquainted with the author's pathological views.

On the first page he announces that ulcers resulting from lacerated wounds, in which the skin is much torn, *will not heal even in healthy persons*. "In such cases the refusal of the ulcers to heal is entirely owing to the extensive loss of the integument."

The mere statement of such propositions will bring to the minds of those even, whose experience is not the most extensive, numerous cases of severe injuries by lacerated wounds, and by burns also, where the ulcer healed without difficulty, provided there was no constitutional vice, or local cause for its continuance.

Notwithstanding the erroneous views contained in this paper, it has been extensively copied by the press, and we are sorry to say, that its publication has not as yet met with a single rebuke.

Bad practice must always follow upon bad principles, and where the true basis of surgery is wanting, even professors become mere operators. We cannot lay down in this notice even the outline of the different processes upon which repair of tissues depend. We should have to explain the laws of healthy nutrition, and those of the reproduction of lost parts. It would require a discussion of the materials necessary for reparation, an appeal to the microscopic characters and changes, and, in fact, a short lecture on the cell doctrine and histology, for all of which we refer Prof. Hamilton to Mr. Paget, in his Lectures on Surgical Pathology.

We cannot refrain from giving another quotation from the author, which is quite characteristic, and upon which any comment is unnecessary:—"By this means I hope, gentlemen, not only to supply an amount of skin equal to the size of the piece transferred, but to furnish also a nucleus by which additional skin

shall be formed. I hope to establish a new centre of life—an oasis, from whose outer verge a true and healthy vegetation shall advance in every direction over the exhausted soil." This is certainly poetical if not philosophical.

Should the reader require any further evidence of the author's original views we would refer him to p. 6, where he certainly will receive a novel idea upon the formation of epithelial cells. He says, "the *new vessels*, becoming more and more attenuated as they stretch inward from the periphery, lose, at length, the power of *generating epithelial cells*," &c.

After this sample of novelty, to say the least, we suppose that our readers will be sufficiently satisfied with Prof. Hamilton and his new modes of treatment, to excuse us from giving any analysis of his statements and theories upon ununited fractures of the humerus.

Principles of Comparative Physiology. By WILLIAM B. CARPENTER, M.D., F.R.S , F.G.S., Examïner in Physiology and Comparative Anatomy in the University of London, &c. *With three hundred and nine wood engravings. A new American, from the fourth and revised London Edition.* Philadelphia : Blanchard & Lea. 1854.

Many and numerous qualifications of mind are needed to make a good writer on physiology. He should, in the first place, be thoroughly acquainted with the existing state of his particular department ; he should have the power of elaborating from the rich, though often crude and undigested stores of scientific information surrounding him, what is most needful for his own purposes; he should inculcate definite *principles*, illustrating them by the introduction of established facts alone ; avoiding the tendency to hypothesis, so common to all writers on sciences not yet established, he should, still, be both original and suggestive ; where any doubt exists upon a subject, he should, if possible, put it to the test of positive experiment, or else make such an exposition of the different views held in regard to it, as to enable his readers to understand both sides of the question ; he should not allow himself to be betrayed into personalities or controversies, and should be ready to confess his errors, should more extended researches

have proved his views to be incorrect; and to crown the whole, his diction should be worthy of his subject, clear, flowing, and to the point.

Such a combination of qualifications being so rare, our readers may be tempted to exclaim somewhat as did the Prince of Abyssinia on hearing Imlac's elaborate and comprehensive description of his own vocation, "Enough! thou hast convinced me that no human being can ever be a poet;" yet, we feel sure, they will agree with us that Prof. Carpenter has many, if not all of the above mentioned requisites. It is owing, in fact, to the possession of them, that he has done more to render the study of physiology popular with the profession than all of his cotemporaries united.

The present work, which in the previous edition was part of "The Principles of Physiology, General and Comparative," is for various reasons stated in the preface, published by itself. "It has been largely augmented and carefully revised throughout;" and the author thinks that it "more completely represents the state of the science at the period of its publication than it has done on any preceding occasion." To bring it into accordance with the results of recent enquiries, some of the chapters had either to be re-written or greatly modified. The article on nutrition and that on generation and development have undergone the greatest alterations. We shall only draw attention to one of these, the author's change of opinion respecting the signification of fibrin in the animal economy. In the preceding edition it was considered as the material "most completely prepared for organization, and which supplies what is requisite for the nutrition of the larger proportion of the solid tissues of the body;" the vital properties of the blood were thought, also, to be more dependent on it than upon any of the other constituents. In the present work much less importance is attached to its value, it being regarded as the special pabulum only of the gelatinous tissues, whose vital endowments are exceedingly low. The proportional amount of the components of the blood is also differently given in the present edition, the average proportion of blood-corpuscles being much greater and the albumen much less than formerly stated.

We regret that we have reached the limits allowed us for the present notice, and must, therefore, close by referring our readers

to the work itself. We are confident that their perusal of it will be attended with both pleasure and profit.

The publishers deserve praise for the admirable style of its typography and paper. The wood cuts are excellent, being nearly, if not quite, equal to the English.

The Principal Forms of the Skeleton and of the Teeth. By Professor R. Owen, F. R. S., &c. Philadelphia: Blanchard and Lea. 1854.

To the philosophical anatomist it is impossible to over-estimate the value of a correct understanding of the neuro-skeleton. It is in the construction of this system, as Prof. Owen well observes, that the most interesting and beautiful evidences of unity of plan, as well as of adaptation to end, have been observed. Dissimilar as are the structures of the different species and classes of the vertebrate kingdom, their relations to each other become at once comprehensible when we regard them as mere modifications of a common ideal or archetype. It is by this clue alone, too, that we can properly understand the osseous structure of man, its organization being otherwise unintelligible without the light thrown upon it by this splendid generalization.

The chief object of the present essay on "the Principal Forms of the Skeleton" is the inculcation of certain general anatomical principles, by which the student may be guided and facilitated in this department of science. Under the head of principles of osteology the author succinctly describes the composition of bones, their primary classification, the dermo-skeleton, growth of bones, structure of bones in different classes, the neuro-skeleton, the vertebræ and the archetype of the skeleton. The osteology of the fish and the adaptation of its skull and skeleton to aquatic life; the principal forms of the skeletons of reptiles; the skeleton of birds; different forms of the skeleton in the class mammalia; the necessity of general and special terms in osteology, and the progressive expansion of the cranium in mammalia are then considered as minutely as the limits of a popular treatise allow, each subject and different form being elucidated and made plain by outline illustration. The result of these extensive comparisons is the recognition of a governing archetype, the departures from which may be intelligibly explained. Great stress is laid upon the necessity of a correct nomenclature.

The following are the author's "Concluding Remarks:"

A retrospect of the varied forms and proportions of the skeletons of animals, whether modified for aquatic, aerial, or terrestrial life, will show that whilst they were perfectly and beautifully adapted to the sphere of life and exigences of the species, they adhered with remarkable constancy to that general pattern or archetype which was first manifested on this planet, as Geology teaches, in the class of fishes, and which has not been departed from even in the extremely modified skeleton of the last and highest form which Creative Wisdom has been pleased to place upon this earth.

It is no mere transcendental dream, but true knowledge and legitimate fruit of inductive research, that clear insight into the essential nature of each element of the bony framework, which is acquired by tracing them step by step, as *e. g.* from the unbranched pectoral ray of the lepidosiren to the equally small and slender but bifid pectoral ray of the amphiume, thence to the similar but trifid ray of the proteus, and through the progressively superadded structures and perfection of the limbs in higher reptiles and in mammals. If the special homology of each part of the diverging appendage and its supporting arch are recognizable from man to the fish, we cannot close the mind's eye to the evidences of that higher law of archetypal conformity on which the very power of tracing the lower and more special correspondences depend.

Buffon has well remarked, in the Introduction to his great work on Natural History: "It is only by comparing that we can judge, and our knowledge turns entirely on the relations that things bear to those which resemble them and to those which differ from them; so, if there were no animals, the nature of man would be far more incomprehensible than it is."

And if this be true, as to man's general nature and powers, it is equally so with regard to his anatomical structure.

In the same spirit our philosophic poet felt that—

> "'Tis the sublime of man,
> Our noontide majesty, to know ourselves
> Part and proportions of a wondrous whole."—Coleridge.

Vertebrated animals of progressively higher grades of structure have existed at successive periods of time on this planet, and they were constructed on a common plan with those that still exist.

Some have concluded, therefore, that the characters of a species became modified in successive generations, and that it was transmuted into a higher species; a reptile, *e. g.* into a mammal; an ape, into a negro. Let us consider, therefore, the import and value of the osteological differences between the gorilla—the highest of all apes—and man, in reference to this "transmutation hypothesis." The skeleton of an animal may be modified to a certain extent by the action of the muscles. By the development of the processes, ridges, and crests, the anatomist judges of the muscular power of the individual to whom a skeleton under comparison has appertained. A very striking difference from the form of the human cranium results from the development of certain crests and ridges for the attachment of muscles, in the great apes; but none of the

more important differences, on which the naturalist relies for the determination of the genus and species of the orangs and chimpanzees, have such an origin or dependent relation. The great superorbital ridge, *e. g.* against which the facial line rests in Fig. 50, is not the consequence of muscular action or development: it is characteristic of the genus *Troglodytes* from the time of birth; and we have no grounds for believing it to be a character to be gained or lost through the operations of external causes, inducing particular habits through successive generations of a species.

No known cause of change productive of varieties of mammalian species could operate in altering the size, shape, or connections of the prominent premaxillary bones, which so remarkably distinguish the great *Troglodytes gorilla* from the lowest races of mankind. There is not, in fact, any other character than that founded upon the development of bone for the attachment of muscles, which is known to be subject to change through the operation and influence of external causes. Nine-tenths of the differences which have been cited (see the *Transactions of the Zool gical Society*, vol. iii. p. 413), as distinguishing the great chimpanzee from the human species, must stand in contravention of the hypothesis of transmutation and progressive development, until the acceptors of that hypothesis are enabled to adduce the facts demonstrative of the conditions of the modifiability of such characters. Moreover, as the generic forms of the ape tribe approach the human type, they are represented by fewer species. The unity of the human species is demonstrated by the constancy of those osteological and dental peculiarities which are seen to be most characteristic of the *bimana* in contradistinction from the *quadrumana*.

Man is the sole species of his genus (*homo*)—the sole representative of his order (*bimana*); he has no nearer physical relations with the brute kind than those that belong to the characters which link together the unguiculate division of the mammalian class.

Of the nature of the creative acts by which the successive races of animals were called into being, we are ignorant. But this we know, that as the evidence of unity of plan testifies to the oneness of the Creator, so the modifications of the plan for different modes of existence illustrate the beneficence of the Designer. Those structures, moreover, which are at present incomprehensible as adaptations to a special end, are made comprehensible on a higher principle, and a final purpose is gained in relation to human intelligence; for in the instances where the analogy of humanly invented machines fails to explain the structure of a divinely created organ, such organ does not exist in vain if its truer comprehension, in relation to the Divine idea, or prime Exemplar, lead rational beings to a better conception of their own origin and Creator.

We earnestly recommend those of our readers who desire further information on these matters to purchase this little volume. It embodies a very clear and concise account of the views and researches of the most distinguished osteologist of the present age, and will well repay their perusal.

THE MEDICAL EXAMINER.

PHILADELPHIA, NOVEMBER, 1854.

MEDICAL NEWS.

The deaths from Cholera in London, during the week ending Sept. 16, were 1549. Upon this diminished mortality, the London Lancet of Sept. 23 observes: "We are thus glad to find that the deaths from cholera, instead of 2050 are 1549, or 501 less than the deaths from the same cause in the preceding week. The total deaths in the present eruption have been 7669; in the eruption of 1849 the deaths by cholera up to the same date, within one day, were 11,825. In both of the eruptions the mortality was highest on nearly the same day of September; its decline commenced in the corresponding week; and we may now sanguinely hope that it will descend as rapidly as it did in the autumn of 1849. But no exertion should be spared to save the thousands whose lives are still threatened; and the dread lesson, before regarded so little, should never be forgotten,—that men can no longer drink polluted water—breathe impure air—neglect sanatory measures year after year—with impunity." The mortality in the following week was 1284, and in the week ending Sept. 30th, 754. The total mortality to Sept. 30th, 1854, has been 9707. In 1849 there were 13,098 deaths up to Sept. 29th. It should be remembered, however, that the present epidemic began much later in London than it did in 1849.

Special meetings have been held by the Physicians and Surgeons of the New York Hospital, by the Medical Faculty of the University of the City of New York, and by the members of the New York Medical and Surgical Society, to express their sense of the deep loss sustained by the profession in the death of Dr. Swett. Dr. John Watson has been requested to prepare a memoir of his life and services, to be delivered at the New York Hospital, of which Institution Dr. Swett was one of the Physicians.

Died, on the 20th of September, in New Orleans, of yellow fever, Valentine Mott, Jr., M.D., son of Prof. Mott, in the 33d year of his age, on his way to New York.

Dr. Carter P. Johnson, Professor of Anatomy in the Medical College of Virginia, was, we deeply regret to see, one of the passengers on board of the ill-fated Arctic.

Among the victims of the yellow fever at Savannah, we notice the names of Drs. P. H. Wildman, F. W. Schley, S. N. Harris, T. M. Ellis, and C. H. Welles.

In a note appended to Dr. Mason's "Case of Rupture of the Uterus, in which the operation of Gastrotomy was successfully performed by John Neill, M.D.," published in our last number, we stated our belief that it was the first instance of recovery in the United States. In this we were mistaken. Dr. John T. Gilman, of Portland, Maine, reported a case in the April No., 1854, of the American Journal of Medical Sciences, in which he operated successfully, twenty-one hours after the uterus had been ruptured. We owe an apology to Dr. Gilman for our inadvertent omission of his report, and make the only reparation in our power by this acknowledgment. We record his article in the present number of the Examiner.

RECORD OF MEDICAL SCIENCE.

Simulated or "Phantom" Tumors. (Cases under the care of Dr. Addison and Dr. Gull.)—Among the circumstances which combine to make the investigations and diagnosis of abdominal tumors difficult, is the existence of a class in which the symptoms are so changeable that it becomes almost impossible to decide whether or not any tumor does exist. The signs are present one day, entirely absent on another, then present again, in a most perplexing manner. Every practitioner of experience must have met with such puzzling cases; but to those who have not, it would be impossible to convey any idea of the degree to which they sometimes simulate real tumors. Dr. Bright, in his papers on Abdominal Tumors, in the Guy's Hospital Reports, mentions a case in which, in an hysterical woman, the Surgeon had been induced to attempt ovariotomy, believing that an ovarion cyst was present. The incision having been made, no tumor whatever could be found, and the operator was obliged to desist. The woman fortunately recovered, and the tumor at a subsequent period again made its appearance.

One of the earliest allusions to this deceptive class of cases was, we believe, by Dr. Bright; and in the wards of Guy's Hospital they have since been the subject of much investigation. Our own know-

ledge of them has been chiefly derived from the clinical observations of Drs Addison and Gull, under whose care several very instructive cases have occurred during the last few years. To the latter gentleman it is, we believe, that the affection is indebted for its very appropriate name of "phantom tumor." We shall attempt in the following sentences a short summary of such facts as have been made out respecting them, but shall not occupy space with the details of cases, as the disease is one in which the prominent symptoms, from being essentially unreal, are interesting rather to the manipulator at the bed-side than to the reader of notes. Dr. Bright's allusion to the subject, to which we have referred, is as follows. In speaking of reported cases of disappearance of ovarian cysts, that experienced Physician states:—"It is even possible that a certain number of these cases may be set down as instances of erroneous diagnosis; for there is no question that the diagnosis is not always obvious. There is one class of cases more particularly liable to lead the unwary and inexperienced into error respecting the disappearance of an abdominal tumor;—I mean cases of hysterical distention of the bowels; for, although the swelling in these cases is essentially tympanitic, yet occasionally, from the singular way in which the intestines are partially distended, and remain so for days and weeks at a time, they sometimes give completely the forms of tumors; and sometimes even indistinct fluctuation may arise from fluid fæces, or even from the coexistence of a distended bladder; and sometimes the large accumulation of hardened fæces has led to a belief of a more solid tumor." To state them *seriatim*, we have then the following, as the chief conditions on which these variable tumors may depend. 1. Distention of the bladder. 2. Solid fæcal accumulations. 3. Irregular contractions of the intestine at two points, and distention of the intervening portion, with flatus or with fluid fæces. 4. Spasmodic rigidity of a part of the abdominal parietes. It may, perhaps, seem almost superfluous to add the last, but practically, it is one of the most frequent sources of deception. An hysterical patient is quite capable of making a circumscribed portion of the abdominal wall rigid and hard, while the rest remains comparatively flaccid; and even in a person of calm nervous system the same condition may be produced by an instinctive reflex act, for the protection of a part of the belly which is tender on pressure. The recti muscles are peculiarly apt to the seat of these contractions, which may, however, also occur in the lateral regions of the abdomen. It is rare, perhaps, for any one of the above mentioned causes to exist singly and uncomplicated by any of the others. Neither of the first two, indeed, unless exaggerated by one or other of the latter could properly rank as a "phantom" tumor. Hardened masses of fæces are probably, however, the most frequent of the exciting causes of the affection. By the irritation produced by their lodgment, the intestines are made to contract irregularly, and local tenderness is also induced, which latter, in its turn, acts as an excitant, in producing reflex rigidity of a part of the abdominal parietes. It has been observed of phantom tumors, that they are much more frequent on the right than the left side, and that not

rarely there are present in connexion with them indications of renal irritation. Both of these circumstances are probably to be explained by reference to the facilities afforded by the cœcum and ascending colon for the delay and accumulation of scybalous fæces. The period of early adult life would appear to be the one most liable to the development of this chain of symptoms. The simulated tumor in question is by no means met with only in the female sex, some of the most marked examples of it that we have seen having been in young men. As it regards treatment, that should of course be modified according to the peculiar circumstances of the case. A brisk purgative will probably be a remedy almost always useful, and afterwards a course of nervine tonics, or perhaps of anti-spasmodics, may be exhibited with benefit. The chief importance of the cases is in the lesson they convey as to the necessity for great caution before pronouncing positively as to the existence of an abdominal tumor. The Surgeon should always be content, in doubtful cases, to examine his patient, on several separate occasions, before venturing an opinion. In most cases, probably, the careful employment of percussion and palpation will be competent to decide the question correctly; but if there be the least doubt remaining, the diagnosis should be deferred until, after the free action of a purgative, a second examination has been instituted.

We have introduced the above remarks in this part of the series, among the examples of tumors resulting from accumulation of inflammatory products, because it is for such that these fictitious enlargements will generally be mistaken. Cases of typhlitis are perhaps those with which, more especially, they are likely to be confounded, and, next to them, tumors springing from the kidney or abscesses in that organ.—*Medical Times & Gazette.*

Unsuccessful employment of Anæsthesia by cold. (Cases under the care of Mr. Critchett and Mr. Walton.)—The employment of cold as a means of preventing the pain of operations has been repeatedly advocated in our columns, and we, therefore, feel called upon to report prominently instances of its failure. Two such have occurred during the past week. In the first, the patient was a woman, under the care of Mr. Walton, in St. Mary's Hospital, from whom it was wished to remove a fatty tumor on the abdominal wall. The tumor was subcutaneous, and felt quite as loose as such tumors generally are; it had a size of about an adult fist, somewhat flattened. Nearly an hour was wasted in unsuccessful attempts to freeze the skin, but as this was due, of course, to mistakes in manipulation, it should not be charged against the process. At length, a mixture, properly made, was applied, and in about four minutes the requisite area of skin was frozen, as white and hard as could be wished. Without the loss of a moment's time, Mr. Walton made a deep incision through the whole required extent of skin into the tumor. This gave no pain. The tumor was seized at once, and forcible

enucleation attempted. It could not, however, be extracted so easily as had been expected, and adhesions, both to the skin and the deeper parts, required to be divided by the knife. At one part, where it appeared to have been pressed upon by the edge of the woman's stays, the adhesions between the tumor and skin were very close, and a careful division was needed. The operation lasted perhaps altogether about four minutes, and during the whole of that time, except the first cut in the skin, the patient was making loud cries and protestations of pain. It should be stated, that she was a remarkably quiet person, and one who did not complain for little.

The above operation took place on Wednesday; and on the Friday following we witnessed an almost similar one in the theatre of the London Hospital. Mr. Crichett's patient was a man of middle age, and the tumor was a fatty one, about the size of a large fist, and situated beneath the skin in the upper part of the front of the thigh. The freezing of the skin was very complete, nearly five minutes had been occupied in the process, and the incision into it appeared to be quite painless. The tumor had, however, rather intimate adhesions, more especially to the integuments; and the man complained much of almost every touch of the knife excepting the first.

We had witnessed before the above several cases of partial failure in the case of cold, but were inclined to attribute them somewhat to timorousness in its use; in these, however, it was fairly and sufficiently used. Their evidence seems clear to the effect, that, unless the tumor be so loose, that almost instantaneous enucleation can be performed, a painless operation must not be expected. The anæsthesia does not extend at all deeper than the skin; and even in it recovery of sensibility is so rapid during the manipulations, that the division of adhesions to its under surface will not be painless unless made without a minute's delay. There are, doubtless, a large number of cases in which, despite of these drawbacks, anæsthesia by cold may be made very useful; but the Surgeon must always be careful not to promise to his patient a painless operation. As it regards the excision of tumors, it will probably, in a few instances, be completely successful, and in many others sufficiently so to afford a good pretext for avoiding the use of chloroform. It is, perhaps, adapted best of all for use in the very painful operations which it is so frequently necessary to perform on the fingers and toes. Here it can be applied from several sides at once, and a more complete and a less transitory degree of anæsthesia produced.—*Medical Times & Gazette.*

New Test for Sugar in Diabetes. By JOHN HORSLEY.—If a freely alkaline solution of chromate of potassa be mixed with urine suspected to contain sugar, and boiled, the liquor will assume a deep sap green color, arising from the decompostion of the chromic acid, the reduced oxide of chromium being held in suspension by the potassa.

Such is the sensitiveness of this test that five or six drops only of saccharine urine difiused through water is sufficient to show the effect,

which is infinitely more striking than even Moore's potassa or Trommer's Test.

I would, therefore, recommend a mixture, in equal parts, of a solution of the neutral chromate of potassa and liquor potassæ, to be kept in the Chemical Cabinet of every chemical practitioner, labelled "Test for Sugar." The following two experiments beautifully illustrate the value of this process in the detection of sugar under any circumstances:

First Experiment.—take a small test tube, and having put into it ten or twelve drops of simple syrup (cane sugar) and diluted it with water, add a few drops of the test mentioned, and apply the heat of a spirit lamp. No effect will be produced.

Second Experiment.—Take another test tube, and having put the same quantity of simple syrup diluted with water, and two or three drops of acid, sulph. dil. and boil for a few minutes; this will convert the cane into grape sugar. If we now add a few drops of the test and apply heat, the effect becomes striking, developed in the change of the color of the liquid to an intense green.

When the quantity of sugar is very small, a piece of white paper at the back of the test tube will show the color more distinctly.—*London Chemist.*

German Poison Eaters.—Dr. Tschudi has published, in the *Wiener Medizinische Wochenschrift* two letters, the translation of which is to be found in the *Journal de Médecine de Bruxelles*, containing some curious details relative to a class of people who are habitual arsenic-eaters.

In some countries of lower Austria and of Styria, especially in the mountains which separate these parts from Hungary, there exists among the peasantry the singular habit of eating arsenic. They purchase it under the name of hedri (*hedri, hedrich, hatterrauch*) from wandering herbalists, or pedlars, who, on their part, obtain it from workers in Hungarian glass, from veterinary surgeons, from charlatans.

These poison-eaters (*toxicophagi*) have a double aim; first, they wish to give themselves, by this dangerous habit, a fresh and healthy appearance, and a certain degree of embonpoint. Many of the peasant girls, and even the men, have recourse to this expedient from coquetry and a desire to please; and it is remarkable what success they attain, for the young toxicophagi are distinguisbed by the freshness of their complexion and by the aspect of flourishing health. The following is one of many instances. A girl who attended cows, in good health, but pale and thin, was employed at a farm in the parish of H——. Having a lover, whom she wished to attract yet more by her personal charms, she had recourse to the usual method, and took arsenic several times a week. The desired result was soon obtained; and after some months, she became fat, chubby-cheeked, and, in short, quite to Celadon's taste. To carry the effect further, she increased the dose, and fell a victim to her "coquetterie;" she died poisoned. The number of deaths from the abuse of arsenic is by no means inconsiderable, especially among the young people. Every ecclesiastic in those parts can speak of several victims, and Dr. Tschudi states that his researches among

the clergy were very interesting. He learned that so careful were the victims of this practice to conceal what they had done, that the secret was often revealed only on the death-bed.

The second advantage gained by the toxicophagi is, that they become more "volatile," more free in respiration, and able to ascend high mountains with ease. Upon every long excursion into the mountains they take a little bit of arsenic, which they let dissolve in the mouth. The effect is surprising. They ascend without difficulty heights which would have been almost insurmountable without this practice. The author adds, that upon this experience, he has advantageously administered Fowler's solution in cases of asthma.

The toxicophagi commence with a bit of arsenic the size of a lentil-seed, or about half-a-grain. They keep to this dose, which they swallow several times a-week, morning and evening, for a long period, to become accustomed to it. Then they increase the quantity insensibly, but with precaution, until the desired effect is produced. A countryman, named R——, of the commune Ag——, a sexagenarian, and in excellent health, was in the habit of daily taking four grains. He had followed the habit forty years, and had transmitted it to his son. There was no trace of arsenical cachexia in this individual, no symptoms of chronic poisoning. It is to be remarked, however, that, when the practice is dropped, emaciation generally ensues from some cause, either from the withdrawal of the stimulus, or from accidental or acquired disease. The custom does not diminish the sexual passion, as is the case with the opiophagi of the East, or with those who use the betel in India and Polynesia. On the contrary, the feeling becomes more strong.

It may be as well to bring to mind a general use of arsenic in Vienna, among the stablemen and coachmen of the great houses. They mix a good pinch of the powder with corn, put a piece the size of a pea in a linen bag, and attach it to the bit of the horse. The saliva dissolves the poison. This produces a bright aspect of the skin, roundness and elegance of form, and foam at the mouth. The coachmen of the hills adopt the same practice before commencing a laborious journey; and horse-dealers carry with them small balls of arsenic, to be given to those animals which are being led to the market. Should a horse thus treated pass into the hands of a master who does not employ arsenic, he gets thin, loses his freshness, becomes dull, and in spite of abundant food does not acquire his former sleekness.—*London Chemist, from Gaz. des Hôpitaux.*

Menorrhagia. By EDWARD RIGBY, M.D., etc., Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London.—In selecting cases of menorrhagia coming on at that period of a woman's life when the menses are either about to cease, or ought to have done so, and attended with local symptoms and conditions of the uterus which I have considered to be of a suspicious, if not dangerous, character, let it be understood, that I by no means point them out as cases of actual malignant disease, but merely as exhibiting more or less of a disposition thereto, although still, in many instances, admitting of considerable relief by treatment.

If we examine into the history of malignant uterine disease, we shall, in most instances, find that there has been an early passive stage of considerable duration; that the health has become gradually impaired, the uterine functions deranged; in women who have been pregnant several times, their two or three last pregnancies have probably terminated in abortion, which has come on without any very assignable cause. I am aware that this applies equally well to non-malignant disease, like fibrous tumor; but it is not the less worthy of note, as it often furnishes us with the earliest data respecting the commencement of the disease, and enables us, in reviewing the history of the case, to trace it back to an earlier period than would otherwise have been suspected. That abortion is not an invariable forerunner of malignant or non-malignant disease, is proved by the well-known fact of pregnancy being associated with every form of it, and running its course undisturbed to a late, or even the full period, even under circumstances where it could scarcely have been supposed possible. This, however, must be rather looked upon as an exception to the rule, that pregnancy occurring during the two or three years which precede the outbreak of uterine disease mostly terminates in abortion. I hold, therefore, that abortion coming on without any very evident cause in a woman past 40, is a suspicious symptom, and the more worthy of attention, as the early symptoms of uterine disease are generally too inappreciable to attract even the notice of the patient, and are of a nature about which she would not willingly consult a Medical man if she could possibly avoid it.

In most instances, abortion is rather a retrospective symptom, to afford some probable clue as to how long the disease has existed, when the fears of the patient and suspicions of the Medical man have been excited by attacks of menorrhagia. It is to these attacks (of menorrhagia) in their earliest stages and slightest degrees, and more particularly to that group of symptoms which I mentioned in my last report as chiefly connected with chylo-poietic derangement, and to the anæmic, chlorotic appearance of the patient, that I am peculiarly anxious to draw the attention of the Profession, because this is the period when treatment will be of most avail, and produce the most striking effects.

Mrs. H., aged 50; married 21 years; four children; aborted in her last three pregnancies; short and stout; pale and flabby.

Dec. 10, 1849.—Profuse bloody discharge, coming on irregularly, sometimes bright, at others dark. The periods have varied a good deal of late, sometimes appearing every fortnight, at others only once in five weeks. They last more than a week, and are profuse for the first four or five days; sometimes preceded for some hours by rather sharp pain about the hips, which she is in the habit of relieving by a sedative pill. These attacks are attended with much nervous depression. Has pain sometimes of one and sometimes of the other groin. Tongue clean, but sulcated. Bowels regular.

The catamenia have been gradually becoming profuse during the last ten years, and first showed this disposition two years after her last abortion. During the last year she has had a slight watery discharge, which ttiffens her linen.

Examination per vaginam —Os uteri high up, small and soft; cervix short; uterus much enlarged. The uterine sound would not pass at first beyond one inch, but the dilator passed easily through the os internum, and then the sound passed 3½ inches. A quantity of thick, clotty, dark brown fluid came away. The fundus is inclined to the right side.

℞ Pil. hydrarg. gr. iij., ferri sulph. gr. ij., extr. hyoscyami gr. v. M. ft. pil. ij. o. n. s. Mist. potassæ bicarb: et nitratis ter die.

12th —Catamenia coming on. Omitt. mist.

℞ Acidi gallici, extr. hyoscyami aa. gr. v. M. ft. pil. ij., bis die sumend.

15th.—Catamenia came on freely, but not profusely, and without clots. The discharge was brown and rather thick. Has not felt weakened by it. Bowels confined.

℞ Pil. hydrarg. extr. coloc. co., extr. hyosc. aa. ℈j. M. ft. pil. xij., sumat ij. h. s.

20th.—Was seized during the night with severe pain of spasmodic character in different parts of the abdomen, which feels full and loaded; she bears gentle pressure, but vomits occasionally; pulse feeble; looks very ill.

℞ Ol. ricini ℥vj. statim; et repet. si opus sit. Enema magnum.

℞ Hydrarg. c. cretâ, pulv. ipecac. comp. aa. gr. v., h. ss.

24th.—Is much better; has continued the pills every night, and castor-oil every morning; large quantities of knotty scybala have come away daily with very great relief; still, however, the abdomen is large and doughy.

℞ Ext. hyosc., ext. gentianæ aa. gr. v., o. n.

℞ Ferri sulph. gr. xvj.; magnesiæ sulph. ℥j.; acidi sulph. dil. ℥j; syrupi rhœados ℥ss.; aquæ menthæ pip. ℥vijss. M. ft. mistura, sumat cochl. magn. ij. primo mane.

1852, Dec. 2.—Has had no catamenia or discharge of any kind for a year; is looking better; has kept the bowels regular with a rhubarb draught and an occasional blue pill. Has pains (apparently hepatic) across the middle of the back and right shoulder; lies best on the right side; these pains come on every four or five weeks, at which time the right hypochondrium is tender.

℞ Pil. hydr. ext. hyosc. aa. gr. v. h. s. p. r. n.

℞ Acidi hydrochlor. dil., acidi nitrici dil. aa. ℥j.; liq. tarax. ℥j.; infusi aurantii comp. ℥vij. M. ft. mistura cujus sumat cochl. magna ij., ter die.

℞ Sodæ potassio tart. mannæ opt. aa. ℥ss.; pulv. rhœi ℥ss.; aq. menthæ pip. ℥iij. M. ft. haust. sumat demid. primo mane post pilulas.

1854, April 1.—Is suffering from pains of a spasmodic character, commencing beneath the right scapula, and extending round to the left side; evacuations dark; urine rather scanty; no discharge of any kind; the right hypochondrium is tender during an attack. Has taken pil. hydr. three times during the week. Rep. pil. hydr. p. r. n.

℞ Liq. taraxaci cochl. min. j. om. nocte ex aquâ vel lacte.

℞ Lin. camph. co. ℥iiss.; tinci. opii ℥ss. M. ft. linimentum parti dolenti applicand.

In this case, it is worthy of the remark, that her three last pregnancies terminated prematurely in abortion, that the catamenia, in two years after the last abortion, had gradually assumed a menorrhagic character, and latterly had become irregular as to the periods, and variable as to the appearance of the discharge; moreover, during the last year, she had had in the intervals a watery discharge, which rendered the linen stiff on becoming dry. The uterus was larger and more bulky than natural; the os uteri internum did not admit the sound; but, as is frequently seen with the urethra, allowed a larger blunt instrument to pass; the uterine cavity was increased in size, and filled with dark-brown, grumous fluid. The sum of this evidence is decidedly of an unfavorable character; it shows that the uterus was much enlarged from passive congestion, and that the upper part of the canal of the cervix was sufficiently obstructed by swelling to retain a quantity of the last catamenial discharge.

The bowels were stated to be regular; I did not, therefore, venture to give a purgative in her exhausted state, and even combined the small dose of blue pill with a tonic, and as soon as there were evidences that the catamenia were returning, I gave her the gallic acid with good effect; the discharge, although free, did not become profuse, and she was spared the severe prostration which she had suffered on previous occasions; further observation, however, convinced me that the bowels were much loaded; purgative medicine of mild but effective character was given, and its action still further assisted by a large enema; great quantities of scybala were dislodged with striking relief, and their evacuation was followed by general improvement of her symptoms. There can be little doubt but that this intestinal accumulation had tended much to aggravate the uterine congestion, and thereby the hæmorrhage; and, *vice versâ*, that the enlarged uterus, thus pressed upon by the loaded bowels, had much increased the constipation by the pressure which it exerted upon the rectum.

I regret much that I had not the opportunity of making another examination, that I might ascertain what amount of change had taken place in the uterus, and especially how far it had diminished in size; but her improved state of health rendered it unnecessary.—*Med. Times.*

Braun on Eclampsia during Pregnancy.—This author has recently published a lengthy paper on the above interesting subject, of which the following is a very brief abstract:

1st. Convulsions may arise, during this period, from hysteria, epilepsy, cerebral diseases, poisons, or uraemia,—resulting from Bright's disease.

2d. Their most common causes are uraemia and Bright's disease.

3d. The least frequent causes are primary cerebral diseases; and when these occur in connection with albuminous nephritis, they are the *results*, not the causes, of the convulsions.

4th. Hysteria and epilepsy may exist, during gestation, in a chronic form, so as to exercise no injurious influence either on pregnancy or labor, or on the life of the child; and they may be quite unconnected with Bright's disease.

5th. Convulsions in every form may occur from these causes in the unimpregnated female; and also in men, from all of them, except hysteria.

6th. The altered constitution of the blood, and the detention of the venous blood in the kidneys by the pressure of the enlarged uterus, are most commonly the causes of the Morbus Brightii, which occurs during pregnancy.

7th. Convulsions are caused by the urea, which is uneliminated from the blood on account of the renal disease, becoming changed into the carbonate of ammonia.

8th. When, in cases of Bright's disease during pregnancy, we find carbonate of ammonia in the blood, we may prognosticate the occurrence of convulsions; but when, at this time, the urea in the blood exists merely in small quantities, or chemically unchanged, we need not dread eclampsia.

9th. Parturition and uterine irritation neither cause this chemical transformation, nor occasion uraemic eclampsia.

10th. The abortions which so frequently happen during uraemic convulsions, are the results, not the causes of the eclampsia.

11th. There is no connection between eclampsia and labor-pains.

12th. Albuminuria does not result from convulsions arising from functional interruptions, and does not generally occur in those of an epileptical and hysterical character.

13th. Albuminuria continues throughout pregnancy, although the eclampsia attacks may have ceased; but when convulsions cease *after labor*, it soon disappears, provided the renal disease be only in the incipient stage.

14th. The disappearance of the albuminuria after parturition, is principally due to the diminished volume of the uterus.

15th. Morbus Brightii (without convulsion) may be palliated, but not removed, during pregnancy, although it readily yields to remedies after parturition.

16th. Albuminuria occurs in all cases of eclampsia which do not depend upon hysteria, epilepsy, primary cerebral diseases, or poisons,

17th. Epileptic convulsions may occur simultaneously with those from Bright's disease and uraemia.

18th. Uraemic convulsions, when frequently recurring, occasion the death of the fœtus; but its life is not endangered by those from hysteria or epilepsy.

19th. During an attack of uraemic eclampsia, reflex sensibility is almost wholly suspended; and after it we oftener find ædema and anæmia of the brain, than hyperæmia and consecutive apoplexy before it.

20th. Venesection (according to Kiwisch, Litzman, Sedgwick, Blot, and King) is injurious in eclampsia; and the author has found its action very uncertain in uraemia. He considers inhalations of chloroform to be the best and safest means we possess for subduing and removing uraemic convulsions, both during pregnancy and after labor.

21st. The most certain diuretics for removing the uraemia of Bright's disease are the benzoic, tartaric and citric acids.

22d. The artificial induction of premature labor diminishes the danger of uraemic eclampsia alike to the mother and child; but this practice should not be universally resorted to in cases of Bright's disease during pregnancy, but only when necessitated by the occurrence of convulsions. Braun considers the tampon as the best method for its induction when necessary.

[The Editor of the Monthly Journal remarks: The treatment here proposed appears to us by no means universally applicable. Where the convulsions occur during pregnancy, or in an anaemic patient, or where, as happens in infantile eclampsia, they depend rather upon a superpolarity of the cerebro-spinal system that on actual toxaemia, we consider the inhalation of chloroform as unquestionably the best treatment for arresting the paroxysms. But when, on the other hand, they occur during parturition, or in the puerperal state, in a robust, plethoric patient, we should be inclined, from all we have seen of the disease, to place more confidence in copious venesection, smart purgatives, and cold to the head.

Moreover, for the induction of premature labor in such cases, we should be inclined to prefer the use of sponge-tents and uterine douches to the clumsier method of the tampon.]—*Edinburgh Journ. Med. Science.*

Professor Hohl's Case of Double Uterus, with Twins, and Placenta Praevia.—A delicate woman, aged 30, was subject, during the first three months of her second pregnancy, to periodically recurring attacks of uterine hemorrhage, which, although easily checked at that time, returned more violently in the seventh month. At this period her abdomen was found very much distended at both sides, but level in the central region extending from the umbilicus to the symphysis pubis. Percussion yielded a tympanitic sound in this hollow, and a dull sound on either side. An inch and a half above the pubis the uterus could be felt distinctly, through the parietes, dividing into two parts, of which the one on the right side was largest. Both were convex on their internal, and somewhat concave on their external surfaces; and each resembled in appearance the normal gravid uterus at the full time. In each, the fœtal heart could be distinctly heard on auscultation, and the form of a child easily felt by external tactile examination. On internal exploration, the vagina was found quite normal; and at its roof the cervix was felt, short and broad, and having two ora uteri, through both of which the presenting parts of the children could be distinguished. Over the right os uteri was situated one of the placentæ, and a portion of the other projected from the left os. On account of the violent uterine hemorrhage, Hohl induced premature labor, and delivered the children by turning. The right placenta was spontaneously detached, but that on the left side adhered so firmly, that it had to be artificially separated. The twins, who weighed three pounds, died almost immediately after their birth. Subsequent examinations of the uterus, with the sound and the finger, confirmed the correctness of the original diagnosis.—*Edinburgh Journ. Med. Science*, from *Deutsche Klinik. I.* 1853.

Case of total Inversion of the Uterus, in which extirpation of the entire organ was successfully practised. By E. GEDDINGS, M. D., Professor of Surgery, &c., Medical College of the State of South Carolina.—On the 16th of May, 1854, I was requested, by Dr. A. P. Pelzer, to meet him in consultation, in the case of a negro woman belonging to Mr. Robert White, in King street. On my arrival, Dr. Pelzer called my attention to a large pyriform tumor, equal in magnitude to a fœtal head at the full term, which, proceeding from within the vagina, hung pendant between the thighs. This tumor was large and rounded below, but contracted into a rather thick pedicle above, which could be traced about three-fourths of an inch within the vulva, at which point its contour was surrounded by a kind of *cul de sac*, beyond which the finger could not be passed. Its whole surface was covered by a rough, thickened mucous membrane, abraded and ulcerated on many points, considerably inflamed, and disposed to bleed when roughly handled. In the general aspect, it bore a strong resemblance to a case of prolapsus of the uterus of long standing; but the uniform roundness of the most dependent part, together with the absence of the os tincæ, served at once to convince us that it was of a totally different nature.

The first supposition that presented itself to my mind was, that it might be a case of prolapsus of the bladder, of such long duration that the walls of the organ had become very much thickened, and otherwise altered in texture. But on introducing the catheter, and passing my index finger around the neck of the tumor within the vulva, I was enabled readily to discover that it was a case of complete inversion, with extensive hypertrophy of the uterus, of ancient date. The orifice of the urethra was but little removed from its normal position: and in passing my finger up, on the posterior and lateral aspects of the neck of the tumor, as far as the reflected walls of the vagina would allow it to reach, I could distinctly discover the elastic feel imparted by the convolutions of the small intestines, which rested on the partially inverted walls of the vagina.

How long the inversion had existed could not be satisfactorily ascertained; but as there is reason to suspect that the accident must have occurred at the period of her last delivery, an approximative conclusion may be drawn from the fact that her youngest child, a daughter, was present, and had the appearance of a person of from eighteen to twenty years of age. The report of the woman herself was, that she had been greatly annoyed by the tumor for many years, but had generally been enabled, by partially forcing it up into the vagina, and sustaining it there by means of a T bandage, to pursue her ordinary avocations. Latterly it had increased so much in size as to render this impracticable; and at the period of our visit, any attempt at replacement, however partial, was productive of excruciating pain. She was, besides, suffering so much from engorgement and inflammation of the inverted organ, that, considering this, together with the partial and uncertain benefit likely to accrue from any merely palliative treatment, it became a serious question how we could most readily and efficiently relieve our patient.

Reflecting on all the circumstances of the case, it occurred to me that excision of the entire inverted organ presented a rational prospect of re-

lieving, not only the present suffering, but also the cause of much future annoyance. The vagina being also partially inverted, the danger of such an operation was materially diminished; inasmuch as we would, in consequence of that condition, be enabled to excise the entire mass by cutting through the vaginal walls, thus leaving the substance of the uterus untouched.

Dr. Pelzer concurring with me, I seized the neck of the tumor as high up as possible, between the thumb and index finger, and manipulating in such a manner as to satisfy myself that it contained none of the convolutions of the intestines, I proceeded to include it in a strong ligature, for the two-fold purpose of preventing the protrusion of the intestines and obviating any serious hæmorrhage. The neck of the tumor was then cut through, a little below the ligature, with a single swipe of a probe-pointed bistoury.

The operation was exceedingly simple and easy; was attended with no great pain; and, as may be supposed, was executed in a few seconds.

The after-treatment presented no features of particular interest; and the case progressed so favorably that, after a few days, I was enabled to discontinue my visits, leaving the patient in the hands of Dr. Pelzer; who, in a short time, transferred her to Prof. Frost, the family physician, who, at the period of our attendance, was absent from the city. She speedily recovered, and, as I understand, has since done well.

On making a section of the tumor, it was found to present a solid, homogeneous mass, of a greyish white texture and fibrous appearance. The whole cavity formed by the inversion of the walls had become obliterated by adhesions between the opposing peritoneal surfaces; but the point of junction between the vagina and the contour of the cervix could be distinctly recognized; the incision, as stated above, having passed through the walls of the vagina.

Partial and complete extirpation of the uterus, for various objects,—inversion, prolapsus, carcinomatus, and other degenerations of its structure,—has been so often practised, that the simple operation, the description of which I have detailed, possesses no claims to interest in point of novelty; yet it has some value as affording an additional instance to prove that, under similar circumstances, the unfortunate victims of a displacement so deplorable, may often be relieved of much suffering and inconvenience. It might be interesting to collect full references to the numerous cases in which extirpation has been practised on account of inversion; but, as I have not time to execute the task, I must content myself with this brief and imperfect exposition of a single case.—*Charleston Med. Jour.*

A Case of Quadruple Birth. By S. Kennerly, M. D., Augusta county, Virginia.—On the night of the 5th of August, I was called to see Mrs. W., supposed to be in labor. On my arrival I was informed by my friend, Dr. A. Waddell, who had also been called in, that he had just delivered the head of a child, which had been expelled feet foremost, the head being retained. He was told that it had been in that position for two hours. Upon examination, we found that there was a

second child inclosed in its membranes; and as there had been no recurrence of pain since the partial expulsion of the first child, and the mouth of the womb being entirely relaxed, we concluded that the safest plan would be to administer ergot, and complete the delivery. We accordingly gave her ʒi of liquor ergotina, prepared by Purcell, Ladd & Co., which quickened and increased her pain; and in three quarters of an hour, the second child was expelled, followed by a subsidence of pain. On examination, we found a third child presenting, breech foremost, with no membranes around it. After waiting half an hour and no pain recurring, we brought down the feet, and repeated the liquor ergotina in the dose of ʒss, and in half an hour, the third child was expelled. On examination, we found a fourth child presenting, head foremost, which was expelled in about twenty minutes, inclosed in its proper membranes. There were two distinct placentas, and they soon followed the birth of the fourth child. One was very large, and divided into three distinct lobes, each lobe having its respective chord attached to its centre. The smaller placenta was a little larger than either lobe of the larger placenta. The children (three boys and a girl) were all born alive, but neither lived over fifteen minutes. I suppose they were not viable, for they were evidently born too soon, though they were perfect in every respect, so far as I could judge. The finger and toe nails were perfect. They weighed nearly 8 pounds next morning, and measured 16 inches in length. Mrs. W. did not expect to be confined until the latter part of October next, and thinks she quickened about the middle of June. So the children must have been under seven months. She did not suffer as much as in either of two former labors of single births, and is doing remarkably well. What seems a little singular is, that there should have been a total suspension of uterine contractions for two hours after expulsion of the first child, even while its head remained in the vulva, and the second child protruding from the womb into the vagina. I think that the second and third children were inclosed in the same membranes, though their cords were each attached to its respective lobe of the larger placenta. There was but little hemorrhage, and the womb contracted well after the expulsion of the placentas.—*Stethoscope.*

Gastrotomy twenty-one hours after Rupture of the Uterus; Removal of a Dead Child from the Abdominal Cavity, with a Successful Result. By JOHN T. GILMAN, M. D., Portland, Maine.—Mrs. Hickey, an Irish woman, aged about thirty years, small stature, spare habit, and delicate constitution, was taken with labor pains, her third confinement, early in the morning of September 24, 1853. Her previous labors were severe and protracted, especially the second, when the child was taken with forceps, while the mother was suffering with puerperal convulsions.

Her physician, on the present occasion, informed me that he was called at 10 A. M.; labor pains were then frequent and regular; the os uteri sufficiently dilated to admit the end of his finger; the membranes entire; the head presenting. Her pains increased in strength

and frequency through the day, although they accomplished but little; the os, at 9 P. M., being rigid, and dilated only to the size of a quarter of a dollar; the head remaining in the superior strait.

At 11 P. M., after a pain of great severity, the patient complained, suddenly and urgently, of great abdominal distress; and there was an entire cessation of uterine pains. He, believing labor was suspended, and that his services would not be required for the night, left the patient at 12. He was summoned again at an early hour in the morning, and found her free from uterine pain, but having the same indescribable abdominal distress. Considerable flowing had occurred, and she was somewhat exhausted. On examination per vaginam, the presenting part was found to have receded—the head could not be felt. He administered stimulating drinks and ergot in repeated doses, with the hope that they would excite uterine action. Failing to accomplish this, and conscious that something of a serious nature had occurred to his patient, he called Dr. Durgin, of this city, in consultation. After making a careful examination, Dr. D. suspected that the uterus was ruptured, and the child had escaped into the cavity of the abdomen.

I was called to the case late in the afternoon of Sunday, with Drs. Daveis, Thomas, and Le Prohon. We found a rent of the uterus, extending from the os upwards and backwards, and the organ itself firmly contracted. No part of the child could be felt. The abdomen was enormously distended, and so tender that she could not bear the slightest pressure upon it. She was in great distress, and entreated earnestly for relief.

The deplorable situation of the patient was faithfully represented to her and her friends, and the operation of gastrotomy proposed as affording the best, if not the only chance of recovery, which was readily assented to.

The patient was removed from her bedroom to a spacious adjoining chamber, the temperature of which had been raised to about 80°, and placed upon a mattress resting on two firm tables. Pure sulphuric ether was first administered, but failing to produce its anesthetic effect, chloroform was substituted, and the patient soon brought under its influence.

The water having been drawn from the bladder by the introduction of a very small gum-elastic catheter, assisted by the gentlemen before mentioned, I made an incision through the abdominal parietes, commencing an inch above the umbilicus, and extending down along the inner edge of the left rectus muscle to within an inch of the pubes. The back of the child presented to the parietes, the head resting on the pubes.

The abstraction of the child and placenta was soon accomplished; coagula, and the fluids effused into the cavity of the abdomen, were expelled through the aperture. The divided surfaces were carefully brought together and secured by ligatures and adhesive straps, and a wide flannel swathe placed around the abdomen. The child was of large size and well formed, and had remained doubtless in the abdominal cavity from 11 P. M. Saturday, till 8 P. M. Sunday—a period of twenty-one hours.

The patient soon recovered from the effect of the chloroform, and ex-

pressed herself as being entirely free from distress; and not feeling so much exhaustion as after her previous confinements; and, indeed, the vital powers did not seem so much depressed after as before the operation. An opiate was administered, and our patient, hopeful and happy, was left in the care of faithful attendants for the night.

Monday morning, 26*th*. Patient slept well; free from pain; but little tenderness or fulness of the bowels; pulse 90, with good expression of countenance; evening, the same.

Tuesday morning, 27*th*. Pulse, 95; slept part of the night; abdomen more swollen and tender; directed an enema of castor-oil and the oil of turpentine, and the application of strong mercurial ointment to the abdomen, covered with oiled silk.

Evening. Enema operated well, and gave sensible relief.

Wednesday morning, 28*th*. Passed a sleepless night; increased abdominal swelling and tenderness; pulse 105; increased thirst; regurgitation of drinks from the stomach. Evening. Thirst and fever augmented by bronchial irritation and cough. Directed an ounce of castor-oil to be given with a drachm of oil of turpentine. Evening. Cathartic operated powerfully, and with great relief to the patient; pulse 105; bowels softer, and less tender; all the symptoms better.

Friday morning, 30*th*. Had a good night, with some quiet sleep; pulse 105. In the afternoon, all the distressing symptoms before enumerated returned with increased severity, and continued till 10 P. M., when a spontaneous diarrhœa came on, with very decided relief to the patient.

Saturday morning, *Oct.* 1. Pulse 100; diarrhœa continues; symptoms more favorable; patient pronounces herself better.

Sunday morning, 2*d*. Patient better; diarrhœa continues, but not to such a degree as to require any interference.

Monday morning, 3*d*. A decided improvement in every respect; all the symptoms highly favorable.

The patient continued to improve daily. The mercurial ointment was discontinued on the tenth day, having made a decided impression upon the system. The external wound, at that time, had united at several points, and presented a healthy appearance. The convalescence was rapid and uninterrupted. The patient was able to sit up on the fourth week, to walk about her chamber on the fifth, and to resume her domestic duties on the seventh.

At the present time, more than four months since the operation, Mrs. Hickey is in excellent health, and fully competent to discharge all the duties—laborious as some of them are—which belong to her humble condition in life.

In conclusion, I would briefly state that, in the treatment of this case, the mercurial impression was chiefly relied upon in its controlling effect upon inflammatory action. Opiates, in some form, were daily administered, and repeated as often as the comfort of the patient required them. The diarrhœa, which I attributed, in a great degree, to the action of the mercurial ointment, superseded the use of cathartics. Per-

fect quiet and rest were enjoined, and strictly observed. The diet, for the first two weeks, consisted of mucilaginous drinks, and occasionally of weak table tea. She afterwards partook freely and with great relish of grapes, and, on the twentieth day, of weak animal broths.

To my friends, Drs. Daveis and Thomas, I am greatly indebted for very valuable assistance rendered at the time of the operation, and during the subsequent treatment.—*Am. Journ. Med. Science.*

A Case of Successful Operation for Vesico-Vaginal Fistula.

To the Editor of the N. Y. Medical Times:

GENTLEMEN,—I beg leave, through the columns of your Journal, to make known to the medical profession, a case of *vesico-vaginal fistula*, successfully treated, according to the method of Dr. J. Marion Sims, of this city. This disease, which reduces the subject of it to a most deplorable condition, has hitherto been, to a very great extent, an opprobrium to surgical skill: very few surgeons, even in our large cities, have seen or known of a case of perfect cure.

To Dr. Sims is due the credit of having taken away this opprobrium. By the most patient and persevering experimentation, he has elaborated and perfected a method of suture, highly ingenious, and already sufficiently tested by experience to entitle it to rank among the great improvements of surgical art. It affords me peculiar pleasure to be able to contribute the following case, which may serve to strengthen the confidence of surgeons in the practical value of this operation.

As Dr. Sims has himself presented this subject to the profession within a few months, through other channels, I shall not enter into any detailed description of his peculiar method, farther than may be necessary to elucidate the case to be narrated.

Begging a favorable reception for this communication, I remain, very respectfully, Your ob't serv't,

GURDON BUCK, M.D., Surgeon to N. York Hospital.

CASE.—Mary Harty, an Irish woman, aged 28 years, married, of good constitution, and enjoying robust health, was admitted into Ward No. 2, in the New York Hospital, on the 4th July, 1854. About seven weeks previous, she was delivered of her first child after a very severe labor, but without the aid of instruments. It was soon discovered that she had lost all control over her bladder, and that her urine flowed from her constantly and involuntarily. This has continued to be her condition since; and from her own account, the flow of urine is not influenced by position. On examination, a fistula, capable of admitting the end of the little finger, was found in the median line, about one inch and three quarters beyond the meatus. It was situated in a transverse furrow, formed by the folding together of the vaginal walls. The parts in all other respects were healthy. On the 13th July, the operation was performed in the presence of several of the attending physicians and surgeons of the Hospital, and also of the assistants of the several divisions. The mode of procedure was as follows:

The patient's bowels having been previously evacuated with castor-

oil, an attempt was first made to operate with the patient placed upon her hands and knees, the buttocks being elevated as much as possible. This, however, was soon abandoned, from the impossibility of her maintaining herself in this position a sufficient length of time, and also, from its being inadmissible to employ ether in this position. She was therefore placed upon her back: and after being brought under the influence of ether, her hands and feet were bandaged together, as for lithotomy.

A Jacobson's lithotrite answered a most useful purpose in bringing within reach the fistulous opening, and keeping the surrounding vesico-vaginal wall on the stretch, thus very much facilitating the subsequent steps of the operation. This instrument resembles in form an ordinary catheter, with a short curve. The curve, when the instrument is opened, is converted into a jointed loop, or noose. It was introduced closed, per urethram into the bladder, and opened. By elevating the handle of the instrument toward the abdomen, the loop was depressed against the base of the bladder, forcing it downwards into the vagina, and forward towards the vulva. The fistula being brought thus within reach, its edges were pared away so as to render the longest diameter of the opening transverse. Six thread sutures were then introduced from before backwards; and by means of these, as many fine silver wires were drawn through to occupy their places. A narrow, flat strip of lead, called a clamp, perforated with slits at equal distances of a quarter of an inch apart, was threaded upon the four middle wires on either side of the wound, leaving one wire, at each end of the wound, free. Each of the four wires was then armed at both ends with a perforated shot, and the shot slipped down upon the clamps. A knot was also tied on the distal end of each wire. The proximal ends of the wires were then drawn forward till the distal clamp was brought to its place, in close contact with the posterior edge of the wound. The proximal clamp was next pushed backward to its place, and the shot with it; and so, both edges of the wound were held in close apposition between the two clamps. To secure them permanently in this position, the four shot were successively pinched tight upon the wires against the proximal clamp. The solitary wires at either end of the wound were armed with shot only, and secured in the same way as the wires passing through the clamps.

The adjustment of the sutures being completed, Dr. Sims' catheter was introduced and left in the bladder.

The patient was directed to lie upon her back; her diet was to consist of half a pint of milk and one soda cracker, three times a day. One single-grain pill of opium was to be taken morning and evening, to keep the bowels constipated. The catheter was to be removed and cleansed once in twenty-four hours, and replaced without delay.

The urine flowed in drops from the catheter, from the moment of its first introduction. No suppuration appeared at any time in the vagina, nor did the patient complain of much soreness in the region of the wound.

On the 20th of July, an evacuation of the bowels was produced by castor oil, followed by an enema of flax-seed tea.

On the 27th of July, the parts were examined for the first time, and union was found to have taken place throughout the entire wound. The anterior clamp had worn for itself a superficial furrow in the mucous membrane. The clamps and suture were removed, and no suppuration found.

The catheter was now left out for two hours, during which she remained dry. On being again introduced, the urine flowed in a jet.

The catheter was now left in the bladder only during the night, and resorted to at intervals of two hours, during the day.

On the 29th, the catheter was only introduced every three hours, and on the 31st, every four hours; the patient still keeping perfectly dry.

On the 1st of August, a careful examination was made, and every thing found in good condition. The abraded furrow made by the lower clamp had healed. Nearly five hours having elapsed since the catheter had been used, she was allowed for the first time to void her urine unassisted, which she did with a smart jet, and, as might be supposed, with the greatest delight. She now left her bed, and kept about. Up to the time of her discharge, on the 3d of August, the bladder performed its functions in a perfectly healthy manner, and the patient passed the night without rising.

On the 18th of August, the patient reported herself at the Hospital, still doing very well.—*New York Medical Times.*

The Cholera.—Setting all minor (and their name is legion) methods aside, we may draw attention to the following chief practices that have been "trumpet-tongued" advised in the treatment of cholera since its first appearance in 1831–32; each one for the time being lauded to the skies, and each one in succession bowing to its more fashionable and novel successor.

First.—There was the stimulating plan, according to which alcoholic compounds, etherial fluids, ammonia, volatile oils, pepper, spices, nux vomica, and camphor, were the drugs whose aid was mainly to be sought.

Secondly.—There was the Indian plan, as some called it, in which one scruple or half-drachm doses of calomel were given for a few times, and then followed at (variable) intervals, by ten, five, two grains in succession.

Thirdly.—There was the calomel and opium method, according to which it was conceived that opium, whether in combination with large or small doses of mercury, or anything else, played a most essential and indeed unequalled part; modifications of which opium and calomel plan were innumerable, but those in which this combination was accompanied by venesection on the one hand, and by the warm or vapor bath on the other, were perhaps the more important.

Fifthly,—Arose the saline plan of treatment, in which one party advised the administration of large and frequent doses of certain salts of potash and soda by mouth, while another proposed and practised the injection of them directly into the venous system.

Sixthly.—Very great stress was laid, and still is by many, upon that

view of the therapeia of cholera which prescribes small doses (one or two grains) of calomel every five or ten minutes "until the symptoms of collapse become materially subdued."

Seventhly.—We have been told that neither in stimulation, calomelization, narcosis or venesection, is the cure for cholera to be found, but that it is in the free administration of vegetable and mineral acids, and of the sulphuric acid in particular, that the Το καλον lies embalmed.

Now, as neither of these "best plans" of treatment had their birth in the present epidemic, it was perhaps scarcely to be expected the pestilence should pass over without some warm and enthusiastic practitioner bringing another into the world. And so it has happened, and with a warmth of enthusiasm, too, beyond our expectation, considering the new method had only fifteen cases for its basis; and beyond our explanation, too, were it not that there is a fatality in the readiness with which physicians, who devote much time to physiologic and microscopic investigation, yield themselves up to strange vagaries of opinion on the nature and treatment of disease. Nevertheless, it is our duty to record in this place that at present the "method of treatment which," according to Dr. George Johnson, "promises a more than ordinary amount of success," is the administration of castor oil, "in doses of half an ounce every half-hour," and that "more than one patient has had as much as a pint in the course of forty-eight hours with impunity. Since this new method has been promulgated in the daily newspapers, there has been, as might be expected, a "run" upon castor oil, as there was upon oleum cajeputi (previously a cure for cholera) in 1831, when it rose from two to fourteen shillings an ounce. As in the case of the calomel, saline, and acid, &c., "plans," we receive a few communications in favor, but a multitude against this "new method."

Dr. Corner, of the Tower Hamlets Dispensary, writes to us to say that he has, "in several cases of very severe diarrhœa, given castor oil a fair trial, as recommended by Dr. Johnson, but it was only useful in mild cases, and in severe ones appeared to aggravate the symptoms; and that, in both diarrhœa and cholera, calomel, in from eight to fifteen grain doses, is the remedy which he has found most beneficial." Another correspondent informs us that those persons at Vera Cruz having its deadly fever, who are "treated by calomel, uniformly die," whilst those "treated by the administration of castor oil and lime juice, mixed," recover. He would therefore suggest the addition of lemon juice to the "new remedy" for cholera. A third, whose letter is before us, recommends "a cataplasm of mustard applied to the whole body, from the neck downwards;" while Mr. Chaplin, of the Bloomsbury Dispensary, informs us that, during the fortnight ending September 13th, "only four cases of *cholera* have presented themselves. These have all done well under the calomel, rhubarb, and saline plan of treatment." Our space will not permit us to give the details of Mr. Chaplin's communication, able though it be. In the September number of the *Pharmaceutical Journal* we find some observations bearing reference to our own remarks (quoted) of August the 19th, and pointing out the agents and formulæ druggists have been most called upon to dispense during the present epidemic. We extract the following:—"Sul-

phuric acid has of late been prominently brought forward. It is given in doses of twenty to forty minims, repeated every two or three hours, or oftener if occasion requires. Sometimes half a drachm or a drachm of chloric ether is added to each dose. Another prescription consists of twenty or thirty minims of laudanum, with about double the quantity of sulphuric ether; or the following:—Chloric ether, half a drachm; aromatic confection, one scruple; Battley's liquor opii, ten minims; spirit of sal volatile, half a drachm; mix."

We may also acknowledge the receipt of the third edition of Mr. Stephens's tract "On Cholera," in which it is taught that it is "to antiseptics we must look for the curative means" generally, and in particular to *creasote;* nor can we leave this department of the subject without recording the "important suggestion" (as he himself calls it) of another physiological physician, and its support by a chemical one, towards a satisfactory treatment of the stage of collapse. The former (B. W. Richardson, M. D.) advises, "that into the peritoneum or the cellular tissue of a patient in a proper state of collapse from cholera, water, to the extent of at least a tenth or even a fifth part of the whole weight of the body," be injected; the latter, (W. B. Herapath, M.D.,) believing this to be an "extremely philosophical and ingenious suggestion," thinks it might be improved—we mean the *water*—if its adviser would add *milk* to it, seeing we should thus "avoid the chances of destruction of the blood corpuscles," &c. We trust we may not be thought going beyond our proper duty in asking the calm attention of all past, present and future propounders of new methods of treating disease to the following quotation from the "Natural History" of Pliny, "Naturæ vero rerum vis atque majestas in omnibus momentis fide caret, si quis modo partes ejus ac non totam complectatur animo."—Lib. vii. c. 1.

Since the above was written, we have received very many other communications, sufficient, indeed, to supply matter for the next half-dozen numbers of the journal. Mr. Boddington describes more particularly the details connected with the administration of sulphuric acid, and Dr. Shorthouse gives us the results of his trial of Dr. Ayre's plan of treatment. Dr. Shorthouse believes it to be "a delusion and a humbug; in itself no doubt *harmless* enough, but, as it prevents other kinds of treatment being adopted, a great evil. . . . On examination after death, the calomel was found in the stomach unchanged. From the stomach of one man," he says, "I took *nine drachms* of calomel." In lieu of calomel," Dr. Shorthouse recommends the *phosphate of soda* as the agent *par excellence* in cholera. Mr. G. Selwyn Morris, on the contrary, writes to express his attachment to the doctrines of Dr. Ayre, and to recommend the addition of chloric ether to the medicines employed; whilst M. Meinig, in a communication, draws our attention to the value of continuous currents of electricity. Mr. Walker, of Burslem, favors us with his reasons for believing in the contagiousness of cholera, and that "there can remain but little room for doubt that its spread is generally to be attributed to that source;" while Dr. Robert Fowler, admitting it to be "communicable from one person to another,'

yet contends "that, in its *general diffusion*, it does not spread by contagion, but that the disease is a true epidemic, depending on telluric or atmospheric influences." Dr. Maxwell, amongst other items, furnishes us with two prescriptions, compounded of no less than *eighteen* ingredients, the oil of juniper and quinine appearing to us as the *pièces de resistance* in them.

A less complex therapeutic armatory is found in the new drug now being employed in Paris—viz., *guarana*, a substance procured from the seeds of Paullinia sorbilis, containing tannate of cafeine and a special resinous ingredient, &c.; and for drawing our attention to which we stand indebted to Mr. Howard Hopley.

We must close this notice by the acknowledgment of the receipt of Mr. Borham's "cases and remarks" on cholera, which, as he tells us, have been committed to paper, "not with any idea of being able to render things more clear with regard to its origin or pathology, nor to suggest anything particularly novel in its treatment," will scarcely demand more lengthened analysis. Mr. Borham's own opening luminous paragraph, indeed, forbids it. "At the mention," says he, "of the word Cholera, in its true sense, decimating as it is doing our population and army, the practical surgeon is struck with feelings of awe, and if he possess a mind, it becomes enveloped in a confusion of ideas which seem to get more confounded as he proceeds to think."

The result of the investigation by the Medical Council of the Board of Health into the treatment by *castor oil* has just been published. We have (at the last moment of going to press) only room for the following *resumé*:—

"It appears that in eighty-nine cases of cholera, treated by fourteen different practitioners with castor oil on the plan recommended by Dr. Johnson, sixty-eight were fatal, recovery having occurred only in fifteen cases, while the six remaining cases are still under treatment. The above report having been laid before the Council, and approved by them, it was resolved that the same be communicated to the President of the General Board of Health.

J. A. Paris,
B. G. Babington,
A. Tweedie,
W. Baly,
N. B. Ward.

"*Whitehall*, Sept. 15, 1854."

London Lancet.

Female Doctors.—All of us remember how profoundly, a few years ago, the female mind in this country was agitated by the Bloomer crusade. The cry went forth from the women of America to the women of England, calling upon them, as they valued their freedom—or, rather, their supremacy—to rebel against the yoke which was supposed to be typified in their petticoats; to revolutionize the time-honored but despotic millinery-regulations; and to put on, as the symbol of their independence and of their equality with tyrant man, that garment of the

nether limbs which it is considered indelicate to describe by name, but which hitherto had been wrongfully and despotically appropriated to the male sex. The philosophical and skilful Amazon, Mrs. COLONEL BLOOMER, who had assumed the conduct of this great campaign on behalf of the rights of women, had accurately fathomed the influence of dress upon the mind. The ingenious author of "Sartor Resartus" himself did not more fully appreciate the importance of external decorations as instruments for subjugating the intellect of mankind, than did the gallant COLONELESS when she boldly unfurled before her down-trodden sisters, as the standard of revolt, that unmentionable garment which insolent men had oftentimes in ribald metaphor taunted them with surreptitiously wearing.

It is not our purpose to trace the succession of events by which the failure of the Bloomer costume was brought about. We still avow ourselves of the school of THOMAS CARLYLE. We still believe in the efficacy of dress as an agent in moral government. If the —— (our readers must supply the word we are not at liberty to mention) are still worn only by a few of the more daring and determined of their sex, we can only conclude that the petticoat which Mrs. BLOOMER would discard and repudiate as unfitted to be the emblem of government is, in reality, the garment that is the most in harmony with the mental qualities that Nature has implanted in the female sex. But contemporaneously with this bold assumption of masculine attire, there was at work, in the more advanced and disenthralled departments of the United States, a spirit of ambition more practical in its nature, that aimed at grasping not only the outward garments of man, but also at usurping functions which the tyranny of custom had assigned to him. Female Colleges of all kinds were instituted. The inherent right of women to academical distinctions —to enter upon the practice of the learned professions—was loudly proclaimed. Medicine, ever peculiarly exposed to the inroads of charlatanry, was the first profession to tempt the zeal and the ambition of the New Amazons. It had long been a subject of reproach that Medicine was degraded by the ignorant pretentions of "old women" of both sexes; why should it not be regenerated and honored by *young* women of powerful and instructed minds? Accordingly we have witnessed the revival of lady-professors of anatomy, physiology, medicine, surgery and midwifery; we have seen these lady-professors conferring the degree of DOCTOR of Medicine—we believe they pretermit the lower grade of BACHELOR—upon the young ladies who have completed their studies; and, lastly, we have seen these lady-dubs, under their proper professional and academical appellations, driving about the enlightened towns of America in befitting broughams, expounding medical mysteries, giving advice and taking fees! One of these lady-doctors, more ambitious than her professional sisters, not satisfied with the state of science in America, has laudably resolved upon improving her learning and her skill, by visiting the European Schools of Medicine.

A Miss Doctor BLACKWELL, a Graduate of Cleveland College, Ohio, having completed a course of clinical study at the Royal Maternity Hospital, at Edinburgh, has applied to the Managers of the Royal Infirm-

ary for permission to prosecute her studies in the female wards of that institution. It is supposed that her intention is ultimately to eclipse the home-bred lady-graduates of America, by returning to New York with the degree of Doctor of Medicine of the University of Edinburgh, and the Fellowship of the Royal College of Physicians of London. That a purpose so praiseworthy should be opposed by the refusal of the Managers of the Royal Infirmary to accede to the request of Miss Doctor BLACKWELL, we cannot but regret. In order that Miss Doctor BLACKWELL may not return to America, there to propagate the injurious reproach against our national character, that we know not how to encourage females in the pursuit of medical knowledge and collegiate honors, we beg leave respectfully to inform her and her sister-graduates, that the Royal College of Surgeons of England is animated by a more enlightened and transatlantic liberality; and that the new order of Licentiates in Midwifery is open, by an Act of Parliament, to "persons" of both sexes.—*London Lancet.*

Abstract of Meteorological Observations for September, 1854, *made at Philadelphia, Pa. Latitude* 39° 57′ 28″ *N., Longitude* 75° 10′ 40″ *W. from Greenwich.* By PROF. JAMES A. KIRKPATRICK.

1854. Sept.	Barometer. Daily Mean	Barometer. Mean Daily Range.	Thermom. Daily Mean	Thermom. Mean Daily Range	Dew Point 2 P M.	Rel. Humid. 2 P. M.	Rain.	Prevailing Winds.	General Remarks.
	Inches.	Inches.	Deg.	Deg.	Deg.	Hunds.	Inch.	Points.	
1	30.069	.031	78.0	4.7	65.0	0.65		NE.	Cloudy.
2	30.014	.055	73.3	5.3	66.3	.78	0.008	NE.	Cloudy; m. drizzling.
3	29.940	.074	81.3	8.0	68.2	.67		SW.	Cloudy.
4	29.952	.036	81.3	3.3	57.7	.52		NE.	M. and aft. clear; ev. cloudy.
5	29.971	.035	84.2	2.8	66.7	.63		SW.	Aft. clear; m. and ev. clear.
6	29.912	.059	85.2	1.7	69.7	.64		SW.	Cloudy. *Therm. highest* 94°.
7	29.918	.058	80.7	4.5	57.0	.54		(Var.)	M. and ev. clear; aft. cloudy.
8	29.969	.082	80.5	4.2	52.0	.45		(Var.)	Clear.
9	29.752	.218	85.0	4.5	63.0	.57		SW.	Cloudy.
10	29.722	.110	61.7	23.3	57.7	.94	4.452	N.	Cloudy. M. heavy rain; high wind *Bar. lowest* 29.657 in.
11	29.986	.264	61.5	7.8	53.0	.69		(Var.)	M. clear; aft. and ev. cloudy.
12	29.920	.074	70.0	8.5	66.0	.86	0.006	SW.	M. and aft. cloudy; ev. clear.
13	30.040	.153	72.5	3.8	58.3	.65		(Var.)	Cloudy.
14	30.031	.142	70.2	3.0	66.0	.86	0.417	(Var.)	Cloudy; aft. and ev. rain.
15	29.914	.164	72.0	5.2	55.7	.57		NW.	M. and aft. cloudy; ev. clear.
16	30.144	.230	63.3	8.7	42.3	.47		NW.	Clear.
17	30.288	.144	59.7	3.7	43.7	.50		N.	Clear.
18	30.197	.092	65.5	5.8	49.7	.54		(Var.)	Clear.
19	29.866	.330	73.0	7.5	60.3	.66		(Var.)	Cloudy; ev. drizzling.
20	29.878	.157	65.5	8.5	67.7	.48		NW.	M. cl'y; aft. & ev. cl'r; night *hoar frost*
21	30.248	.370	52.5	13.0	36.0	.46		N.	M. and aft. cl'y; ev. cl'r. *Therm. low-*
22	30.380	.132	57.3	4.8	44.0	.54		(Var.)	Clear [*est* 47°.
23	30.287	.094	60.0	2.7	48.0	.56		SW.W.	M. and aft. cl'y; ev. cl'r. *Bar. highest*
24	30.036	.251	63.0	3.0	54.3	.63		SW.	Clear. [30.388 in.
25	29.945	.091	69.5	6.5	57.3	.65		SW.	M. and aft. cloudy, ev. clear.
26	29.957	.012	71.3	1.8	60.7	.68		(Var.)	M. and aft. cloudy; ev. clear.
27	29.928	.033	74.8	3.5	63.3	.67		E.	M. and aft. cloudy; ev. clear.
28	29.914	.045	74.7	2.8	57.7	.58		(Var.)	M. cloudy; aft. and ev. clear.
29	30.142	.229	63.3	11.3	50.3	.49		N.	M. and ev. clear; aft. cloudy.
30	30.278	.136	55.0	8.3	38.7	.46		SW.	Clear.
Means for Sept. 1854	30.020	.130	70.0	6.1	56.5	.61	4.883	W. 18—100.	
Means for Sept. 1853	29.976		68.3		54.2		4.460		
Means for Sept. 1852	30.034		65.9		47.5		1.290		
3yrs	30.010		68.1		52.7		3.544	S. 86° W. 42—100.	

The extreme range of the barometer during the month was 0.731 of an inch, and of the thermometer 47°.